

ATTACHMENT C

SUMMARY OF PUBLIC COMMENTS RECEIVED AT THE PUBLIC HEARING AND DEPARTMENT RESPONSES PROPOSED REGULATION 61-__, IN-HOME CARE PROVIDERS State Register Document No. 4288 October 11, 2012

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
X.(102) SC Assn. of Personal Care Providers Comment #1	“Staff Member – Consideration needs to be given to differentiating between a staff member and direct caregiver.”	Not Adopted Definitions for each has been provided in the Definitions. No Change	Section 102.D and V Text as published in the State Register: D. Caregiver. Individual employed or contracted by the in-home care provider who provides services to clients. V. Staff Member. An adult, to include the administrator, who is a compensated employee of the provider on either a full or part-time basis.
Section 102.B Alice Hughes Palmetto Health Home Care Comment #2	“Assessment and care plan development: Who is qualified to perform this assessment? It does not say anywhere that I can find. Assessment is skilled and as such is supposed to be performed by a qualified individual. When I look at the home health licensing regs, Section 901B requires a comprehensive, patient specific assessment and goes on to list several items that must be included. My question is, how can you know that they are OK to admit to service unless you know a lot	Clarification Section 702 states that a “designated, appropriate staff member” will conduct the assessment. This regulation addresses a non-medical industry that provides care for individuals that do not require skilled	Section 102.B Text as published in the State Register: B. Assessment. A procedure for determining the needs of a potential client to ascertain if the provider can adequately meet those needs, and to secure information for use in the development of a client focused care plan. Consideration of each client’s needs, strengths, and weaknesses shall be included in the assessment. Section 702 702. Assessment. (II) A written assessment of the client in accordance with

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	of the required items in the home health regs???"	nursing care. Therefore, a nursing assessment is unnecessary.	Section 102.B of this regulation shall be conducted by a designated appropriate staff member as evidenced by his or her signature within a time period determined by the provider, but no later than seventy two (72) hours after the initial provision of care.
Section 102.D Heather Jones SC Home Care & Hospice Association Comment #3	“D-Caregiver- The term in-home aide or direct care worker would be appropriate for an employed caregiver and would help to differentiate a paid caregiver/in-home aide versus a private caregiver. The definition allows for in-home aides to be contracted. Aides should be subject to supervision and are not allowed to direct their own care so a contract relationship would not be appropriate.”	Not Adopted A. The Department would not hold the provider responsible for family members or friends of the client that are not employed by the provider. B. The statute allows for the contracting of caregivers. No Change	Section 102.D Text as published in the State Register: D. Caregiver. Individual employed or contracted by the in-home care provider who provides services to clients.
Section 102.J Vicki Moody Leading Age South Carolina Comment #4	“Incident. This should be deleted. The definition is not even included in Home Health Regulations which are more stringent as a medical model.”	Not Adopted The Department has a responsibility to identify problems and trends in order to take corrective action. Incident tracking will be added to all regulations as they	Section 102.J Text as published in the State Register: J. Incident. An unusual unexpected adverse event resulting in harm, injury, or death of staff or client.

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		are revised. No Change	
Section 102.J Gloria Prevost Protection and Advocacy for People with Disabilities, Inc. Comment #5	“The definition of incident should specifically include abuse, neglect and exploitation as defined in the Omnibus Adult Protection Act. All incidents of abuse, neglect, and exploitation should always be treated as serious”	Not Adopted Section 601.C.1 elaborates on the reporting of incidents and includes abuse, neglect, and exploitation. No Change	Same text as comment #4. Section 601.C.1 Text as published in the State Register: 4. Allegations of client abuse, neglect, or exploitation by an employee.
Section 102.K.1 Seth Zamek Senior Helpers, Fort Mill Comment #6	“K- In-Home Care. In-Home Care means: 1. Primarily intended to assist an individual with an activity of daily living or in meeting a personal rather than a medical need, <u>but not including skilled care</u> or a specific therapy for an illness or injury;”	Not Adopted The definition is that provided by the statute. Underlining does not conform to standard regulation format for Division of Health Licensing (DHL) regulations. No Change	Section 102.K.1 Text as published in the State Register: K. In-Home Care. In-home care means care: 1. Primarily intended to assist an individual with an activity of daily living or in meeting a personal rather than a medical need, but not including skilled care or a specific therapy for an illness or injury; Section 901.B Text as published in the State Register: B. Care provided by caregivers is strictly limited to non-medical tasks. Care may include the following:
Section 102.K.2 Seth Zamek Senior Helpers, Fort Mill	“2. Given to assist an individual in an activity of daily living such as walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparing special diets, <u>and supervising</u>	Partially Adopted Reference to the Board of Nursing’s position statement on	Section 102.K.2 Text as published in the State Register: K. In-Home Care. In-home care means care: 2. Given to assist an individual in an activity of daily

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Comment #7	<u>self-administered medication</u> ; and... (COMMENT: Need to be clearer or give examples.)”	<p>assisting with medications added to the references and to 901.B.16.</p> <p>Underlining does not conform to standard regulation format for Division of Health Licensing (DHL) regulations.</p>	<p>living such as walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparing special diets, and supervising self-administered medication; and</p> <p>Text changed as a result of public comment:</p> <p>Section 103.B.3 <u>Nurse Practice Act S.C. Code Section 44-33-5</u></p> <p>Section 103.B.4 <u>South Carolina Board of Nursing Position Statement concerning Assisting with Medications dated January 1996 and revised November 2011</u></p> <p>Section 901.B.16 <u>16. Medication assistance as allowed by the Nurse Practice Act and South Carolina Board of Nursing Position Statement concerning Assisting with Medications dated January 1996 and revised November 2011.;</u></p>
<p>Section 102.L</p> <p>Philip Atkinson, President, Enabling Technologies Associates, Inc.</p> <p>Comment #8</p>	“Remove paragraph L from 102, Definitions, and place it at the ‘100’ level as ‘Applicability’. It is an extremely important issue, not just a ‘definition’”.	<p>Not Adopted</p> <p>This comment does not conform to the Department’s standard regulation formatting.</p> <p>No Change</p>	<p>Section 102.L Text as published in the State Register:</p> <p>L. In-Home Care Provider (provider). A business entity, corporation, or association, whether operated for profit or not for profit, that for compensation directly provides or makes provision for in-home care services through its own employees or agents or through contractual arrangements with independent contractors or through referral of other persons to render in-home care services when the individual</p>

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			<p>making the referral has a financial interest in the delivery of those services by those other persons who would deliver those services. An in-home care provider does not include:</p> <ol style="list-style-type: none"> 1. A home health agency or hospice or an entity licensed pursuant to Section 44-7-260; or 2. An individual or agency who provides only a house cleaning service; or 3. A direct care entity defined by S.C. Code Section 44-7-2910 (B)(1)(e), a direct caregiver or caregiver defined by S.C. Code Section 44-7-2910 (B)(2)(e), or an individual who provides a service or services defined by S.C. Code Section 44-21-60; or 4. An individual hired directly by the person receiving care or hired by his family; or 5. A church or another religious institution recognized pursuant to 26 U.S.C. 501(c)(3) by the U.S. Internal Revenue Service that provides in-home care services without compensation or for a nominal fee collected to cover incidental expenses directly related to such care.
<p>Section 102.L</p> <p>Harry Fendrich Home Instead Senior Care, Charleston, SC On behalf of the 9 local owners of Home Instead Senior Care franchises in SC</p>	<p>“Seventh, Section 102-L defines In-Home care Provider: We would like the definition of in-home care provider to specifically include registries, websites or other entities that bring caregivers and clients together and charge a fee to either party for doing so.”</p>	<p>Clarification</p> <p>The definition at 102.L provides for the licensing of registries under this regulation.</p> <p>No Change</p>	<p>Same text as comment #8.</p>

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Comment #9			
Section 102.L Heather Jones SC Home Care & Hospice Association Comment #10	“ L-In-Home Care Provider -The definition allows for in-home aides to be contracted. Aides should be subject to supervision and are not allowed to direct their own care so a contract relationship would not be appropriate.”	Not Adopted The definition of an In-Home Care Provider in the statute allows for contracted personnel. No Change	Same text as comment #8.
Section 102.L James Wogsland ComForcare Home Care Comment #11	“Are registries regulated under this law?”	Clarification The definition at 102.L provides for the licensing of registries under this regulation. No Change	Same text as comment #8.
Section 102.L.4 Seth Zamek Senior Helpers, Fort Mill Comment #12	“L- In-Home Care Provider (provider). 4. An individual hired directly by the person receiving care or hired by his family; or (IMPORTANT: How many clients can they provide care for at any given time and still be <u>unlicensed</u> . <i>This is our primary competition.</i>)”	Clarification The statute does not place a limit on the number of clients an individual may care for before needing a license. No Change	Section 102.L.4 Text as published in the State Register: 4. An individual hired directly by the person receiving care or hired by his family; or
Section 102.L.5 Philip Atkinson,	“Remove the word ‘religious’ from the statement. It implies a restriction that should not exist against other non-profits	Not Adopted The language used in	Section 102.L.5 Text as published in the State Register:

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President, Enabling Technologies Associates, Inc. Comment #13	and all volunteer groups who may provide uncompensated care services.”	this section is a direct excerpt from the statute. No Change	5. A church or another religious institution recognized pursuant to 26 U.S.C. 501(c)(3) by the U.S. Internal Revenue Service that provides in-home care services without compensation or for a nominal fee collected to cover incidental expenses directly related to such care.
Section 102.L.5 Seth Zamek Senior Helpers, Fort Mill Comment #14	“5. A church or another religious institution recognized pursuant to 26 U.S.C. 501(c)(3) by the U.S. Internal Revenue Service that provides in-home care services without compensation or for a nominal fee collected to cover (incidental expenses) directly related to such care. (COMMENT: If a church etc. is operating as an “In-Home Care Provider” are they still exempt? (I.e. if they employ and/or contract with Administration, and/or staff members and/or Caregivers.)”	Clarification An entity is exempt as long as it meets the requirements of this section. No Change	Same text as comment #13.
Section 102.O Philip Atkinson, President, Enabling Technologies Associates, Inc. Comment #15	“In sections 102, O and P - add, ‘as defined herein’ after the words ‘provider’ and Entity, respectively.”	Not Adopted The language used is consistent with other regulations. No Change	Section 102.O Text as published in the State Register: O. License. A certificate issued by the Department to an in-home care provider to provide in-home care as defined by this regulation.
Section 102.P Philip Atkinson, President, Enabling Technologies	“In sections 102, O and P - add, ‘as defined herein’ after the words ‘provider’ and Entity, respectively.”	Not Adopted The language used is consistent with other regulations.	Section 102.P Text as published in the State Register: P. Licensed Nurse. A person to whom the S.C. Board of Nursing has issued a license as a registered nurse or

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Associates, Inc. Comment #16		No Change	a licensed practical nurse.
Section 102.P Vicki Moody Leading Age South Carolina Comment #17	“Licensed Nurse. This should be deleted as it creates confusion between Home Services and Home Health, especially since Home Services is a non-medical service. Any reference to nurse(s) should be deleted throughout these Regulations”	<p>a. Not Adopted Licensed nurses may provide in home care service within the scope of in home care.</p> <p>No Change</p> <p>b. Partially Adopted</p> <p>Remove 504.B.1</p>	<p>a. Same text as comment #16.</p> <p>b. Section 504.B.1 Text as published in the State Register: 1. When a licensed nurse is employed, the licensed nurse must:</p> <p>a. Be capable of evaluating the caregiver’s competency in terms of the caregiver’s ability to carry out assigned duties and the caregiver’s ability to relate to the client; and</p> <p>b. Be able to assume responsibility for in-service training for caregivers by individual instruction, group meetings or workshops.</p> <p>Text changed as a result of public comment:</p> <p>1. When a licensed nurse is employed, the licensed nurse must:</p> <p>a. Be capable of evaluating the caregiver’s competency in terms of the caregiver’s ability to carry out assigned duties and the caregiver’s ability to relate to the client; and</p>

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			b. Be able to assume responsibility for in service training for caregivers by individual instruction, group meetings or workshops.
Section 103.B.2 Vicki Moody Leading Age South Carolina Comment #18	“CDC Requirement – Correct Reference is: MMWR 2005; 54 (No. RR-15). This requirement once again creates a medical model when these regulations are for non-medical services.”	Not Adopted The commenter’s reference addresses the use of the QuantiFERON®-TB Gold Test. The correct reference, as stated in the text, addresses guidelines for TB testing of staff in organizations. No Change	Section 103.B.2 Text as published in the State Register: 2. Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005. MMWR 2005; 54 (No. RR-17);
Section 104 Heather Jones SC Home Care & Hospice Association Comment #19	“Section 104-Requirements for Licensure We recommend that agencies complete a training class prior to completing their application for a license similar to the requirement in other states. The Association would be pleased to partner with SC DHEC to offer a training. Our sister-association provides this type of training for North Carolina agencies.”	Not Adopted. The Department will assist in-home care providers in order to help them become compliant with the new regulations, but this will not be included in the regulation. No change.	This is outside the scope of the proposed regulation.
Section 104.A	“In Section 101 owner is not defined but	Not Adopted.	Section 104.A

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<p>SC Assn. of Personal Care Providers</p> <p>Comment #20</p>	<p>in Section 104A there is a reference to owner. SCAPCP recommends owner be defined using language from the current DHHS contract along the lines of possession of equity in the capital, stock, or the profits of the provider.”</p>	<p>In-home care provides cannot provide services outside the scope of in-home care or services that constitute home health services by Regulation 61-77 Section 101.H and SC Code of Laws 44-66-20 (5).</p> <p>No change.</p>	<p>Text as published in the State Register:</p> <p>A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise and/or market) as an in-home care provider in South Carolina without first obtaining a license from the Department. When it has been determined by the Department that services are being provided and the owner has not been issued a license from the Department to provide such care, the owner shall cease operation immediately and ensure the safety, health, and well-being of its clients. Current and/or previous violations of the S.C. Code and/or Department regulations may jeopardize the issuance of a license for the provider or the licensing of any other provider, or addition to an existing provider which is owned and/or operated by the licensee. The provider shall provide only the care it is licensed to provide pursuant to the definitions in Section 901.B.1 through 901.B.18 of this regulation. (I)</p>
<p>Section 104.A</p> <p>SC Assn. of Personal Care Providers</p> <p>Comment #21</p>	<p>“In this section the last sentence outlines: ‘The provider shall provide only the care it is licensed to provide pursuant to the definitions in Section 901.B.1 through 901.B.18 of this regulation. (I)’ Later in the document, in Sections 901.B.1 through 901.B.18, there is a reference to the duties pertaining to Client Services and Care. These duties outline the job of a personal care aide. Does this proposed wording strictly prohibit a license holder from performing services outside the</p>	<p>Clarification</p> <p>A. The listed tasks are examples of tasks caregivers may be assigned to perform. The list is not meant to limit the number of non-medical tasks a caregiver may perform.</p>	<p>Section 104.A</p> <p>Text as published in the State Register:</p> <p>A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise and/or market) as an in-home care provider in South Carolina without first obtaining a license from the Department. When it has been determined by the Department that services are being provided and the owner has not been issued a license from the Department to provide such care, the owner</p>

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	scope of personal care if licensed or allowed to provide other services pursuant to other existing regulations and statutes?."	B. In-home care providers may not provide services as defined in SC Code Section 44-69-20 and R.61-77, Section 101.H.	<p>shall cease operation immediately and ensure the safety, health, and well-being of its clients. Current and/or previous violations of the S.C. Code and/or Department regulations may jeopardize the issuance of a license for the provider or the licensing of any other provider, or addition to an existing provider which is owned and/or operated by the licensee. The provider shall provide only the care it is licensed to provide pursuant to the definitions in Section 901.B.1 through 901.B.18 of this regulation. (I)</p> <p>Sections 901.B.1 through 901.B.18</p> <p>B. Care provided by caregivers is strictly limited to non-medical tasks. Care may include the following:</p> <ol style="list-style-type: none"> 1. Meal planning, preparation and limited assistance in eating. Caregivers must demonstrate a high level of cleanliness and practice basic principles of food safety; 2. Bathing; 3. Grooming; 4. Dressing; 5. Personal hygiene, including toileting; 6. Assisting clients in and out of bed, chairs, or vehicles, and repositioning them when required; 7. Assistance with walking, including the use of walkers, canes, and crutches;

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			<p>8. Cleaning the client's home;</p> <p>9. Laundry care;</p> <p>10. Shopping for the client. Receipts must be provided to the client and all client funds must be accounted for;</p> <p>11. Running errands;</p> <p>12. Provide transportation to appointments, shopping, etc;</p> <p>13. Address safety hazards found in clients' homes. Hazards that cannot be corrected by the caregiver must be reported to an administrator;</p> <p>14. Assistance with communication;</p> <p>15. Monitoring the client's condition, that is, temperature, pulse rate, respiration rate, and blood pressure, if trained to do so;</p> <p>16. Medication assistance;</p> <p>17. Strength and balance training; and</p> <p>18. Skin care.</p>
<p>Section 104 (104.A).</p> <p>Hiram Torres Nurse Bank America (Angel Companions)</p>	<p>"Are providers with multiple locations required to have a separate license for each location even if the other locations are just recruiting stations?"</p>	<p>Clarification</p> <p>The Department will consider each provider's individual</p>	<p>Same text as comment #21.</p>

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Comment #22		situation to determine its licensing requirements on a case-by-case basis.	
Section 104 (104.A) D. Deloris Logan Allcaregivers, Incorporated Comment #23	<p>“This section restricts our ability to perform services e.g. existing Medicaid Nursing or other services not addressed in your Section 901.B.1 through 901.B.18 of the regulation (I). The provider shall provide only the care it is licensed to provide pursuant to the definitions in Section 901.B.1 through 901.B.18 of this regulation. (I)”</p>	<p>Clarification</p> <p>A. SC Code sections 44-70-20(2) (a) and (c) provide that in-home care does not include skilled nursing care and does not mandate the continuing attention or supervision from trained and licensed medical personnel.</p> <p>B. The listed tasks are examples of tasks caregivers may be assigned to perform. The list is not meant to limit the number of non-medical tasks a caregiver may perform.</p>	<p>Same text as comment # 21.</p> <p>44-70-20 (2)(a): (2) ‘In-home care’ means care: (a) primarily intended to assist an individual with an activity of daily living or in meeting a personal rather than a medical need, but not including skilled care or specific therapy for an illness or injury</p> <p>44-70-20 (2)(c): (c) personal in nature but not mandating continuing attention or supervision from trained and licensed medical personnel.</p>
Section 104.B Seth Zamek Senior Helpers, Fort Mill	<p>“B. Compliance. An initial license... ** (COMMENT: Will a license allow the agency to provide statewide or just county specific?)”</p>	<p>Clarification</p> <p>The Department will consider each provider’s individual</p>	<p>Section 104.B Text as published in the State Register: B. Compliance. An initial license shall not be issued to a proposed provider that has not been previously and continuously licensed under Department</p>

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Comment #24		situation to determine its licensing requirements on a case-by-case basis.	regulations until the licensee has demonstrated to the Department that the proposed provider is in substantial compliance with the licensing standards. A copy of the licensing standards shall be maintained by the provider and accessible to all staff members. In the event a licensee who is already licensed to provide in-home care, or other activity licensed by the Department, makes application for another in-home care license, the currently licensed in-home care provider and/or activity must be in substantial compliance with the applicable standards prior to the Department issuing a new or amended license. Providers shall comply with applicable local, state, and federal laws, codes, and regulations.
Section 104.C (104.C.1) D. Deloris Logan Allcaregivers, Incorporated Comment #25	“We recommend the language include reference to the headquarters location of a specific non-franchise provider, or rather, the location that is responsible for the maintenance of records.”	Clarification The Department will consider each provider’s individual situation to determine its licensing requirements on a case-by-case basis.	Section 104.C.1 Text as published in the State Register: 1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public if the provider does not maintain a physical office location.
Section 104.C.1 Vicki Moody Leading Age South Carolina Comment #26	“License issued by the Department needs to be posted in a conspicuous place in a public area, The Service needs to have a professional location to display license.”	Partially Adopted. The Department will not require a commercial office space, however the license must be readily available to individuals	Section 104.C.1 Text as published in the State Register: 1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public if the provider does not maintain a physical office location. Text changed as a result of public comment:

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		requesting to view the document.	1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider's business office or readily available to the public. if the provider does not maintain a physical office location.
Section 104.C.1 David Hill Plan Home Health Care, Inc. Comment #27	<p>"It looks as though a provider can open a business almost anywhere they want as long as no one objects. To me, if you are going to operate an In-Home care business, you need an office. It should be a place that is staffed by people who are responsible for being accountable to the regulations set forth by this proposal.</p> <p>If a business is being operated out of a home and DHEC makes a visit, what happens if no one is home or the person answering the door say "I don't work here, I know nothing about the business."</p> <p>All business should be required to have an that occupancy permit that is displayed in a conspicuous area for all clients and employees to see."</p>	Partially Adopted A. The department will add language to help assure that when inspections are conducted, that there will be someone present at the in-home care provider's location B. The commenter addressed Section 104.C.1, however the topic is also addressed in Section 202.B	Text as published in the State Register: 1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider's business office or readily available to the public if the provider does not maintain a physical office location. 202.B. All providers are subject to inspection and/or investigation at any time without prior notice by individuals authorized by the S.C. Code of Laws. (I) Text changed as a result of public comment: Section 202.B B. All providers are subject to inspection and/or investigation at any time without prior notice by individuals authorized by the S.C. Code of Laws. <u>When staff members are absent, the facility shall provide information as to the expected return of staff.</u> (I)
Section 104.C.1 Heather Jones SC Home Care &	"C.1-Issuance and Terms of License- We recommend that agencies be required to maintain a physical office location. This requirement would be	Not Adopted The Department will not require the	Same text as comment #26.

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Hospice Association Comment #28	congruent with SC DHHS contract requirements for Medicaid waiver providers and with other licensing requirements such as the maintenance of client and staff records.”	maintenance of a commercial office space. No Change.	
Section 104.C.1 Seth Zamek Senior Helpers, Fort Mill Comment #29	“1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public if the provider does <u>not maintain a physical office location</u> . *(COMMENT: Can you hold a license (should not be able to) if they don’t have a physical office location (and not a residence?)”	Partially Adopted.	Same text as comment #26.
Section 104.C.1 Alice Hughes Palmetto Health Home Care Comment #30	“No requirement for the provider to maintain a physical office location yet, there is a requirement for an address in case of an emergency in section 1102. I believe a physical office address is advisable due to client issues as well as potential reviewer safety issues. This is also a new requirement of the CLTC contract.”	Not Adopted The Department will not require the maintenance of a commercial office space. No Change.	Same text as comment #26.
Section 104 (104.C.1) Holly Williamson Palmetto Personal Care Services Inc. Comment #31	“Is there going to be a regulation on do you have to maintain an office in the state or will it be as long as an office (commercial) is within 20 mile radius to the state line.”	Clarification. There will not be a requirement to maintain an office in state or within a radius of the border.	Section 104.C.1 Text as published in the State Register: 1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public if the provider does not maintain a physical office location.

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General Concern (104.C.1) SC Assn. of Personal Care Providers Comment #32	<p>“Several discussions were had with DHEC staff regarding the physical location of the provider’s office. Where is the reference about commercial location? SCAPCP previously recommended the following language: ‘A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s commercially zoned business office. Current providers with residential home offices must relocate to a commercially zoned office space in order to be licensed.’ This ensures agencies have appropriate professional business offices that are available to staff, DHEC and consumers.”</p>	<p>Partially Adopted.</p> <p>There will be no requirement for a commercial office. A physical location will be required.</p>	<p>Section (104.C.1) Text as published in the State Register:</p> <p>C. Issuance and Terms of License.</p> <p>1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public. if the provider does not maintain a physical office location.</p> <p>Text changed as a result of public comment:</p> <p>C. Issuance and Terms of License.</p> <p>1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public. if the provider does not maintain a physical office location.</p>
Section 104.C.3 Seth Zamek Senior Helpers, Fort Mill Comment #33	<p>“3. A license is not assignable or transferable and is subject to suspension or revocation at any time by the Department for the licensee’s failure to comply with the laws and regulations of this state. (COMMENT: What happens during change of ownership of the agency?)”</p>	<p>Clarification.</p> <p>The continuity of the license must be maintained without any gaps.</p>	<p>Section 104.C.3 Text as published in the State Register:</p> <p>3. A license is not assignable or transferable and is subject to suspension or revocation at any time by the Department for the licensee’s failure to comply with the laws and regulations of this State.</p>
Section 104.C.4 Seth Zamek Senior Helpers, Fort	<p>“4. A license shall be effective for a specified provider at a specification location(s). A license shall be valid for one year from the date of issuance and</p>	<p>Not Adopted.</p> <p>A two year licensing fee may be onerous</p>	<p>Section 104.C.4 Text as published in the State Register:</p> <p>4. A license shall be effective for a specified provider at a specific location(s). A license shall be valid for</p>

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Mill Comment #34	shall be renewed annually. (COMMENT: This should be changed to two years.)”	and expensive for some providers. No Change.	one year from the date of issuance and shall be renewed annually.
Section 104.D Hiram Torres Nurse Bank America (Angel Companions) Comment #35	“There may be some who would question the legal authority of the Department of Health and Environmental Control to regulation the issuance of a corporate or fictitious name of a private company. Isn’t this a function of the office of the Secretary of State with its own regulations?”	Not Adopted. The Secretary of State provides for the issuance of fictitious or corporate names. The Department issues licenses to licensees. No change.	Section 104.D Text as published in the State Register: D. Provider Name. No proposed provider shall be named nor shall any existing provider have its name changed to the same or similar name as any other provider licensed in South Carolina. The Department shall determine if names are similar. The geographic area in which a provider is located must be included as part of the name if the provider is part of a franchise with multiple locations.
Section 104.D Seth Zamek Senior Helpers, Fort Mill Comment #36	“D. Provider Name. No proposed provider shall be named nor shall any existing provider have its name changed to the same or similar name as any other provider licensed in South Carolina. The Department shall determine if names are similar. The geographic area in which a provider is located must be included as part of the name if the provider is part of a franchise (or entity with multiple physical offices) with multiple locations.”	Not Adopted The Department will determine the licensing needs of a licensee on a case-by-case basis. No Change	Section 104.D Text as published in the State Register: D. Provider Name. No proposed provider shall be named nor shall any existing provider have its name changed to the same or similar name as any other provider licensed in South Carolina. The Department shall determine if names are similar. The geographic area in which a provider is located must be included as part of the name if the provider is part of a franchise with multiple locations.
Section 104.E.1 Philip Atkinson, President, Enabling Technologies	“In 104, E, 1. – Remove this line item. It is redundant to the more specific line item 2.”	Partially Adopted. This section will be rearranged into a more logical order.	Section 104.E.1 Text as published in the State Register: 1. The provider shall ensure the organization and its contractors have appropriate indemnity coverage to

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Associates, Inc. Comment #37			<p>compensate clients for injuries and losses resulting from services provided.</p> <p>2. When submitting an application for an initial or renewal license, the provider shall include evidence of either liability insurance coverage or a surety bond in lieu of liability insurance coverage. Such coverage shall be maintained for the duration of the license period. The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate.</p> <p>Text changed as a result of public comment:</p> <p><u>1. The provider shall ensure the organization and its contractors have appropriate indemnity coverage to compensate clients for injuries and losses resulting from services provided.</u></p> <p>2. <u>1.</u> When submitting an application for an initial or renewal license, the provider shall include evidence of either liability insurance coverage or a surety bond in lieu of liability insurance coverage. Such coverage shall be maintained for the duration of the license period. The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate.</p> <p><u>2. The provider shall ensure the organization and its contractors have appropriate indemnity coverage to compensate clients for injuries and losses resulting</u></p>

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			<u>from services provided.</u>
Section 104.E.2 Charles Brown Right at Home Comment #38	“(to be added to existing text) In addition, all employees or contracted personnel providing direct care must be covered by Workers Comp Insurance.”	Not Adopted. Workers compensation is regulated by the SC Workers Compensation Commission. No Change.	Section 104.E.2 Text as published in the State Register: <u>2.</u> When submitting an application for an initial or renewal license, the provider shall include evidence of either liability insurance coverage or a surety bond in lieu of liability insurance coverage. Such coverage shall be maintained for the duration of the license period. The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate.
Section 104.E.2 Seth Zamek Senior Helpers, Fort Mill Comment #39	“2. When submitting an application...The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate. (COMMENT: This is too low. Should be at least five hundred thousand (\$500,000) to one million (\$1,000,000).”	Not Adopted The listed figures represent a median amount as determined by research by Department staff. Providers may increase the amount as they determine necessary. No Change.	Same text as comment #38.
Section 104.E.2 Gloria Prevost	“Unfortunately, theft is a problem for people who receive in-home care. S.C. Code § 44-70-40(7) allows the	Not Adopted Providers may add	Same text as comment #38.

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<p>Protection and Advocacy for People with Disabilities, Inc.</p> <p>Comment #40</p>	<p>Department to require liability and other types of insurance; the required insurance coverage should include theft coverage. The regulation should provide that no one with a conviction of any type of financial crime, including shoplifting and petty larceny, may provide in-home services.”</p>	<p>coverage as they determine necessary.</p> <p>No Change.</p>	
<p>Section 104.F</p> <p>SC Assn. of Personal Care Providers</p> <p>Comment #41</p>	<p>“The fiscal impact statement submitted to the SC General Assembly reads as follows: “The cost of developing regulations, implementing and enforcing the program would be covered by license fees (Other funds). The Department estimates the annual operating costs to range from \$154,000 and 4.50 FTEs (assuming 100 providers are licensed) to \$258,000 and 6.50 FTEs (assuming 300 providers are licensed). Additionally, first year non-recurring costs would range from \$56, 000 to \$62, 000. The Department of Health and Human Services (DHHS) DHHS reports it currently contracts with 250 provider companies that would need to be licensed under this Bill.” SCAPCP believes there are more than 250 providers in the state; if correct, this would drive down the per unit costs associated with licensure. We ask that the agency consider a fee reduction for the second and subsequent years of licensure with a provision that the fees collected in the first year in excess the</p>	<p>Clarification</p> <p>A. The figures used by the commenter represent a number of providers in the range of 201 to 300 providers. The Department used a provider set in the range of 301 to 400 providers to establish the fees.</p> <p>B. The economy of scale is diminished as additional staff must be hired to accommodate the increased workload caused by the higher number of providers that must be regulated.</p> <p>C. Fees may be</p>	<p>Section 104.F Text as published in the State Register:</p> <p>F. Licensing Fees. The initial license fee shall be one thousand dollars (\$1,000). The fee for annual license renewal shall be eight hundred dollars (\$800). Such fee shall be made payable by check or credit card to the Department and is not refundable. If the application is denied, a portion of the fee may be refunded based upon the remaining months of the licensure year.</p>

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	amount required to maintain the program be held in escrow and applied as a fee reduction on a per capita basis to providers who were charged the initial fee of \$1,000.”	adjusted in the future to match operating costs. No Change.	
Section 104.F Heather Jones SC Home Care & Hospice Association Comment #42	“ F-Licensing Fees -We anticipate that SC DHEC will identify more home care agencies that will require licensure than is outlined in the fiscal impact statement that was provided to the General Assembly. Should this be the case we ask that SC DHEC consider a licensing fee reduction in subsequent years.”	Clarification Fees may be adjusted in the future to match operating costs. No Change.	Same text as comment #41.
Section 104.F Seth Zamek Senior Helpers, Fort Mill Comment #43	“F. Licensing Fees. The initial license fee shall be <u>one thousand dollars (\$1000)</u> . The fee for annual license renewal shall be <u>eight hundred dollars (\$800)</u> . (COMMENT: The renewal fee is too high.) Such fee shall be...”	Clarification A. The figures used by the commenter represent a number of providers in the range of 201 to 300 providers. The Department used a provider set in the range of 301 to 400 providers to establish the fees. B. The economy of scale is diminished as additional staff must be hired to accommodate the increased workload	Same text as comment #41.

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		<p>caused by the higher number of providers that must be regulated.</p> <p>C. Fees may be adjusted in the future to match operating costs.</p> <p>No Change.</p>	
<p>Section 104.F</p> <p>Angela Williams Lifeline Senior Services, Inc.</p> <p>Comment #44</p>	<p>“As a non-profit organization providing excellent services to older adults and their families, the challenges are numerous. One main challenge is financial. Regarding the initial licensing fee (\$1,000) as well as the renewal fee (\$800), the strain would be intense. One suggestion that I have is to offer a discounted fee for small non-profits, as many governmental agencies provided already. Also, can it be considered that the license fee be based on the number of clients that the agency provides services. Example (1-25=\$200), (26-50=\$500), (51-100=\$750), (over 100=\$1,000).”</p>	<p>Clarification</p> <p>Fees may be adjusted in the future to match operating costs.</p> <p>No Change.</p>	<p>Same text as comment #41.</p>
<p>Section 104.H</p> <p>Seth Zamek Senior Helpers, Fort Mill</p> <p>Comment #45</p>	<p>“H. License Renewal. For a license...**(COMMENT: There needs to be time requirements placed on the Department to complete investigations, enforcement actions, etc. Otherwise, they can take forever at the potential financial detriment to the agency and</p>	<p>Not Adopted.</p> <p>The department already has internal procedures to ensure that inspections, investigations and</p>	<p>Section 104.H Text as published in the State Register: H. License Renewal. For a license to be renewed, applicants shall file an application with the Department, pay a license fee of eight hundred dollars (\$800), and shall not be undergoing enforcement actions by the Department. If the license renewal is</p>

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	care of their clients.)”	enforcement actions happen in a timely manner. No change.	delayed due to enforcement actions, the renewal license shall be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable.
Section 104.K Seth Zamek Senior Helpers, Fort Mill Comment #46	“K. Exceptions to Licensing Standards. The Department... (COMMENT: What does this mean?)”	Clarification. Licensees and prospective licensees must comply with all requirements of statutes, codes, and regulations. The Department, however, may grant exceptions (to regulatory standards only) if the service of the licensed/proposed facility is needed and if the exception will not have a negative impact on the safety, health, or well being of the current/future clients or occupants of the licensed/proposed facility. A facility requesting an exception to a licensing standard must complete a	Section 104.K Text as published in the State Register: K. Exceptions to Licensing Standards. The Department has the authority to make exceptions to these standards where it is determined that the health, safety, and wellbeing of the clients are not compromised, and provided the standard is not specifically required by statute.

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		<p>form. A team composed of Departmental staff will review the request and make a recommendation to the approving authority. After a determination is made to approve or disapprove, you will be notified in writing of the decision.</p> <p>No Change.</p>	
<p>Section 104.L</p> <p>SC Assn. of Personal Care Providers</p> <p>Comment #47</p>	<p>“SCAPCP requests there be flexibility in the hours of operation. The hours listed herein do not necessarily reflect current business practices. Our offices are opened based on hours that best suit the clients’ needs. Rather than setting specific hours, would DHEC consider allowing the business to post their hours in DHEC documents so that DHEC can still do the spot inspections without compromising current practices?”</p>	<p>Partially Adopted</p> <p>A. The department will not change the business hours.</p> <p>B. The department will add language to help assure that when inspections are conducted, that there will be someone present at the in-home care provider’s location. This is addressed in a change to Section 202.B</p>	<p>a. Section 104.L Text as published in the State Register:</p> <p>L. The provider shall ensure that key provider staff members are accessible in person, by phone, or page during the hours of 9:00 A.M. to 5:00 P.M., Monday through Friday. Those staff members shall have access to all records required for routine inspections and complaint investigations.</p> <p>b. Section 202.B Text as published in the State Register:</p> <p>B. All providers are subject to inspection and/or investigation at any time without prior notice by individuals authorized by the S.C. Code of Laws. (I)</p> <p>Text changed as a result of public comment:</p> <p>B. All providers are subject to inspection and/or</p>

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			investigation at any time without prior notice by individuals authorized by the S.C. Code of Laws. <u>When staff members are absent, the facility shall provide information as to the expected return of staff.</u> (I)
Section 104.L Charles Brown Right at Home Comment #48	“(to be added to existing text) The providers must be physically located in a commercial office space.”	Partially Adopted. The Department will not require a commercial office space, however the license must be posted or readily available to the public.	Section 104.C.1 Text as published in the State Register: 1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public if the provider does not maintain a physical office location. Text changed as a result of public comment: 1. A license is issued by the Department and shall be posted in a conspicuous place in a public area of the provider’s business office or readily available to the public. if the provider does not maintain a physical office location.
Section 104.L Seth Zamek Senior Helpers, Fort Mill Comment #49	“L. The provider shall ensure that key provider staff members are accessible in person, by phone, or page during the hours of 9:00 A.M. to 5:00 P.M., Monday through Friday. Those staff members shall have access to all records required for routine inspections and complaint investigations. (COMMENT: Need to add that key provider staff are available by phone or other appropriate means 24/7 in case of client/caregiver	Not Adopted. If staff members are accessible by phone or page than they do not have to be accessible in person at the time of the inspector’s arrival. Someone must be available to appear in	Same text as comment #47.

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	emergencies.)”	<p>person within a reasonable amount of time between the hours of 9:00 AM and 5:00 PM. If the facility would like for a specific person to be designated, this should be outline in the facilities Policies and Procedures.</p> <p>No Change</p>	
<p>Section 104.L</p> <p>D. Deloris Logan Allcaregivers, Incorporated</p> <p>Comment #50</p>	“Please include a holiday exception.”	<p>Adopted</p> <p>The text of the regulation has been amended as indicated.</p>	<p>Section 104.L Text as published in the State Register:</p> <p>L. The provider shall ensure that key provider staff members are accessible in person, by phone, or page during the hours of 9:00 A.M. to 5:00 P.M., Monday through Friday. Those staff members shall have access to all records required for routine inspections and complaint investigations.</p> <p>Text changed as a result of public comment:</p> <p>L. The provider shall ensure that key provider staff members are accessible in person, by phone, or page during the hours of 9:00 A.M. to 5:00 P.M., Monday through Friday, <u>except for those holidays recognized by the State of South Carolina</u>. Those staff members shall have access to all records required for routine inspections and complaint investigations.</p>

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<p>Section 105.B (104.B)</p> <p>Seth Zamek Senior Helpers, Fort Mill</p> <p>Comment #51</p>	<p>“B. Compliance. An initial license... ** (COMMENT: Will a license allow the agency to provide statewide or just county specific?)”</p>	<p>Clarification</p> <p>Licensed providers may operate statewide.</p>	<p>Section 104.B Text as published in the State Register: B. Compliance. An initial license shall not be issued to a proposed provider that has not been previously and continuously licensed under Department regulations until the licensee has demonstrated to the Department that the proposed provider is in substantial compliance with the licensing standards. A copy of the licensing standards shall be maintained by the provider and accessible to all staff members. In the event a licensee who is already licensed to provide in-home care, or other activity licensed by the Department, makes application for another in-home care license, the currently licensed in-home care provider and/or activity must be in substantial compliance with the applicable standards prior to the Department issuing a new or amended license. Providers shall comply with applicable local, state, and federal laws, codes, and regulations.</p>
<p>Section 200 (501.H and 701.A.1)</p> <p>D. Deloris Logan Allcaregivers, Incorporated</p> <p>Comment #52</p>	<p>“Please include the acceptance of electronic records.”</p>	<p>Adopted</p>	<p>Section 501.H Text as published in the State Register: H. The provider shall maintain accurate information on all staff members including, but not limited to, current address, phone number, personal, work, and training backgrounds. Each staff member shall be assigned certain duties and responsibilities. Duties and responsibilities shall be set forth in writing and in accordance with the individual’s capability.</p> <p>Text changed as a result of public comment:</p> <p>H. The provider shall maintain accurate information on all staff members including, but not limited to,</p>

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			current address, phone number, personal, work, and training backgrounds. Each staff member shall be assigned certain duties and responsibilities. Duties and responsibilities shall be set forth in writing and in accordance with the individual's capability. <u>Records may be maintained on paper or electronically.</u>
<p>Section 202 (202.A)</p> <p>Hiram Torres Nurse Bank America (Angel Companions)</p> <p>Comment #53</p>	<p>"A. 'Will a new provider entering the market have to wait until after an inspection is completed and the provider is licensed before servicing the first client?'</p> <p>B. 'Will current providers be granted a provisional license until after the inspection is complete?'"</p>	<p>Clarification</p> <p>A: Providers currently operating may continue to operate without interruption. New providers will need to fulfill the requirements for licensing before beginning operations.</p> <p>B: No. A license will be issued upon verification by the Department that the provider is in compliance with the regulation.</p>	<p>Section 202.A</p> <p>Text as published in the State Register:</p> <p>A. Inspections by the Department shall be conducted prior to initial licensing of a provider and subsequent inspections conducted as deemed appropriate by the Department.</p>
<p>Section 202.A</p> <p>Vicki Whiteside PSA Healthcare</p> <p>Comment #54</p>	<p>"Inspection – Our company is CHAP (Community Health Accreditation Program) accredited. Would you consider letting them survey?"</p>	<p>Clarification</p> <p>Initially, the Department will conduct all inspections.</p>	<p>Same text as comment #53.</p>

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		Acceptance of accrediting organizations' surveys to substitute for regulatory inspections may be considered in the future.	
Section 202.A Pepi Nelson ResCare Home Care Comment #55	“Consider deemed status for accreditation.”	Clarification Initially, the Department will conduct all inspections. Acceptance of accrediting organizations' surveys to substitute for regulatory inspections may be considered in the future.	Same text as comment #53.
Section 202.D Seth Zamek Senior Helpers, Fort Mill Comment #56	“D. When there is noncompliance...The written plan of correction shall be described : (II) (COMMENT: Must add that the Department will be required to review and act on the corrective plan written 30 days (or the plan will be deemed approved.)”	Not Adopted The Department shall determine the adequacy of each plan of correction. No Change	Section 202.D Text as published in the State Register: D. When there is noncompliance with the licensing standards, the provider shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of the inspection and/or investigation. The written plan of correction shall describe: (II)
Section 202.E Seth Zamek	“E. A copy of the most recent report of inspection conducted by the Department, including the provider response, shall be	Clarification The most recent	Section 202.E Text as published in the State Register: E. A copy of the most recent report of inspection

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Senior Helpers, Fort Mill Comment #57	made available upon request, (COMMENT: To whom?) with the redaction of all client names.”	report of inspection shall be made available to any person requesting it.	conducted by the Department, including the provider response, shall be made available upon request, with the redaction of all client names.
Section 203 Vicki Moody Leading Age South Carolina Comment #58	“This intent of this Section is very vague. Why consultations? To whom given? Where?”	Clarification Consultations are provided as a means of the Department to provide compliance assistance to providers. Consultations are provided to licensees, administrators, and employees as determined by the provider. Consultations are generally conducted at the Department, but may be provided at the provider’s place of business.	Section 203 Text as published in the State Register: 203. Consultations. Consultations may be provided by the Department as requested by the provider or as deemed appropriate by the Department.
Section 203 Seth Zamek Senior Helpers, Fort Mill Comment #59	“Consultations may be provided by the Department as requested by the provider or as deemed appropriate by the Department. When requested by the Provider, the Consultation needs to take place within 30 days of the written request.”	Not Adopted The Department will determine availability of personnel to conduct a consultation. The Department usually collaborates with	Same text as comment #58.

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		provider staff to establish a mutually agreeable date. No Change	
Section 302 Hiram Torres Nurse Bank America (Angel Companions) Comment #60	“Will the monetary penalties be assessed for each deficiency noted during the initial inspection?”	Clarification No. The Department will exhaust all opportunities to assist the provider to comply with the regulation before pursuing enforcement action and imposition of a monetary penalty.	Section 302 Text as published in the State Register: F. Monetary penalties assessed by the Department must be not less than one hundred dollars (\$100) nor more than five thousand dollars (\$5,000) for each violation of any of the provisions of this regulation. Each day a violation continues will be considered a subsequent offense. When a decision is made to impose monetary penalties, the following schedule may be used to determine the amount:
Section 302.E.1 Vicki Moody Leading Age South Carolina Comment #61	“Need to remove the word “health” as this is a non-medical service. Home Care Provider not responsible and law cannot provide.”	Not Adopted Protection of the public’s health is a basic function of the Department. Other regulations, such as 61-25, Retail Food Establishments, are concerned with protecting public health in a non-medical industry. No Change	Section 302.E.1 Text as published in the State Register: E. In arriving at the decision to take enforcement action(s), the Department shall consider the following factors: 1. Specific conditions and their impact or potential impact on the health, safety or well-being of the client(s) including, but not limited to: evidence that services contracted for are not routinely provided; clients exposed to air temperature extremes that jeopardize their health; unsafe condition while providing transportation services; indictment of an administrator for malfeasance or a felony, which by its nature creates a threat to the client; or direct evidence of abuse, neglect, or exploitation;
Section 400.A	“If specialized care is to be provided,	Clarification	Section 400.A

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<p>Alice Hughes Palmetto Health Home Care</p> <p>Comment #62</p>	<p>then how is an agency to determine that they are adequately meeting the client's needs?"</p>	<p>The Department will utilize documentation such as the care plan and caregiver notes to determine that clients' needs are being met.</p>	<p>Text as published in the State Register:</p> <p>A. Written policies and procedures addressing each section of this regulation shall be developed and implemented, and revised as required in order to accurately reflect the actual operations of a provider. The policies and procedures shall address the provision of any special care offered by the provider including, but not limited to, how the provider shall meet specialized needs of the affected clients such as those with Alzheimer's disease and/or related dementia, in accordance with any laws which pertain to that service offered. Providers shall establish a time period for periodic review of all policies and procedures. These policies and procedures shall be accessible at all times and a printed copy shall be available.</p>
<p>Section 401.A (400.A)</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #63</p>	<p>"Delete the wording in this Section especially in regard to the Alzheimer's Special Care Disclosure Act."</p>	<p>Not Adopted</p> <p>The requirement for Policies and Procedures is common to all DHL regulations. Clients with Alzheimer's disease or related dementia have special needs that may be required from the caregiver. Caregivers must be trained to be able to respond to those special needs. This concept may also</p>	<p>Same text as comment #62.</p>

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		<p>apply to other clients with special needs not related to Alzheimer's disease or related dementia.</p> <p>No Change</p>	
<p>Section 500 (502)</p> <p>Hiram Torres Nurse Bank America (Angel Companions)</p> <p>Comment #64</p>	<p>"No specific training requirement prior to assignment to a case is cited. Is the completion of a written examination sufficient to verify the competency of an applicant?"</p>	<p>Clarification</p> <p>Training requirements are listed in Section 502. The employees must receive training. Written examinations will not be accepted as a substitute for training.</p>	<p>Section 502 Text as published in the State Register: 502. Inservice Training. (I)</p> <p>Staff members shall be provided the necessary training to perform the duties for which they are responsible. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. A signature for the individual providing the training may be omitted for computer based training. The provider must be able to produce a transcript for computer based training for each individual employee. Electronic signatures are acceptable. Topics that contain a skill component, for example, medication assistance, lifting techniques, must be provided in a traditional instructor and student format. The following training shall be provided by appropriate resources, for example, licensed and/or registered persons, persons, video tapes, books, etc., to all caregivers in the context of their job duties and responsibilities, prior to client contact and at a frequency determined by the provider, but at least annually, unless otherwise specified by certificate for example, first aid:</p>
<p>Section 501.B</p>	<p>"This section requires clarification as to who would be screened as the licensee.</p>	<p>Clarification</p>	<p>Section 501.B Text as published in the State Register:</p>

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<p>SC Assn. of Personal Care Providers</p> <p>Comment #65</p>	<p>Would it be the administrator, owner or who?"</p>	<p>The licensee, as defined in the regulation, would require the background check. In the case of a corporation or partnership, the two officers that sign the application for licensing would be the individuals that require background checks.</p>	<p>B. Before becoming licensed as an in-home care provider, a prospective licensee must undergo a criminal record check and submit to a drug test, as provided by S.C. Code Section 44-70-60(A). (I)</p> <p>No Change.</p>
<p>Section 501(501.B, C, D, E)</p> <p>SC Assn. of Personal Care Providers</p> <p>Comment #66</p>	<p>"This section needs a definition for random drug testing. Would DHEC consider a grandfather provision for current employees who were previously tested within the last calendar year for SLED and drug testing or a phase in period for testing and criminal background checks? Otherwise this could skew the random requirement and present extraordinary upfront costs to the provider. It is common practice for providers to do their own drug testing. This is acceptable for liability and worker's compensation insurance carriers. Could the provider do in house testing and then send out positive results for additional testing? In-house testing is currently accepted for other health care providers. Many providers have contracts with hospitals, and they accept</p>	<p>Not Adopted</p> <p>A. Due to the number of methods of achieving a random sampling, the Department will allow the providers to choose the method that best fits each individual organization. The Department will review the providers' policies and procedures to determine compliance.</p> <p>B. Providers must be</p>	<p>Section 501(501.B, C, D, E) Text as published in the State Register:</p> <p>B. Before becoming licensed as an in-home care provider, a prospective licensee must undergo a criminal record check and submit to a drug test, as provided by S.C. Code Section 44-70-60(A). (I)</p> <p>C. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall undergo a criminal background check as provided by S.C. Code Sections 44-70-60(B) and 44-7-2910 and submit to a drug test as provided by S.C. Code Section 44-70-60(B). (I)</p> <p>D. Licensed in-home care providers and individuals employed as in-home caregivers by licensed in-home care providers are subject to random drug testing as provided for in S.C. Code Section 44-70-70. (II)</p>

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	<p>our in-house tests. In home care providers should be treated consistently as employers and providers.”</p>	<p>in compliance with the background checks and initial drug testing upon initial licensing.</p> <p>C. The Department will continue to require commercial drug testing to ensure accuracy and integrity throughout the licensed community. If statutes are enacted that require other facilities and activities to undergo drug testing, the same standard would apply.</p> <p>No Change</p>	<p>E. Drug testing must be performed by a commercial drug testing laboratory. At a minimum, a five (5) panel drug screen will be utilized that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine.</p>
<p>Section 501.A through 501.I</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #67</p>	<p>“A-I: Delete”</p>	<p>Not Adopted</p> <p>A. This is standard language for new DHL regulations and will be added to older regulations as they are revised.</p> <p>B. This is a statutory requirement that</p>	<p>Section 501.A through 501.I Text as published in the State Register: 501. General.</p> <p>A. Appropriate staff members in numbers and training shall be provided to ensure the needs and conditions of clients are met and performed in compliance with this regulation, and that staff members are capable of responding to any emergency on site that might arise. Training requirements and qualifications for the tasks each performs shall be in</p>

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		<p>requires legislative action to amend.</p> <p>C. This is a statutory requirement that requires legislative action to amend.</p> <p>D. This is a statutory requirement that requires legislative action to amend.</p> <p>E. The Department will continue to require commercial drug testing to ensure accuracy and integrity throughout the licensed community. If statutes are enacted that require other facilities and activities to undergo drug testing, the same standard would apply.</p> <p>F. This is standard language for new DHL regulations and will be added to older regulations as</p>	<p>compliance with all local, state, and federal laws. (I)</p> <p>B. Before becoming licensed as an in-home care provider, a prospective licensee must undergo a criminal record check and submit to a drug test, as provided by S.C. Code Section 44-70-60(A). (I)</p> <p>C. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall undergo a criminal background check as provided by S.C. Code Sections 44-70-60(B) and 44-7-2910 and submit to a drug test as provided by S.C. Code Section 44-70-60(B). (I)</p> <p>D. Licensed in-home care providers and individuals employed as in-home caregivers by licensed in-home care providers are subject to random drug testing as provided for in S.C. Code Section 44-70-70. (II)</p> <p>E. Drug testing must be performed by a commercial drug testing laboratory. At a minimum, a five (5) panel drug screen will be utilized that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine.</p> <p>F. The provider shall ensure that direct caregivers employed by the provider do not have prior convictions or have pled no contest (nolo contendere) for child or adult abuse, neglect or mistreatment, or other similar felonies. The provider shall coordinate with appropriate abuse-related registries prior to the employment of staff to ensure compliance with this provision.</p>

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		<p>they are revised.</p> <p>G. This is standard language for new DHL regulations and will be added to older regulations as they are revised.</p> <p>H. This is standard language for new DHL regulations and will be added to older regulations as they are revised.</p> <p>I. This is standard language for new DHL regulations, when applicable, and will be added to older regulations as they are revised.</p> <p>No Change</p>	<p>G. No supervision, care, and/or services shall be provided to individuals who are not clients of the provider. (I)</p> <p>H. The provider shall maintain accurate information on all staff members including, but not limited to, current address, phone number, personal, work, and training backgrounds. Each staff member shall be assigned certain duties and responsibilities. Duties and responsibilities shall be set forth in writing and in accordance with the individual's capability.</p> <p>I. When a provider contracts with others to provide services normally furnished by the provider; for example, staffing, training, professional consultant, transportation, there shall be a written agreement with the source that describes how and when the services are to be provided, the exact services to be provided, and that these services are to be provided by qualified individuals. The outsource provider shall comply with this regulation in regard to client care, services, and rights.</p>
<p>Section 501.B</p> <p>Heather Jones SC Home Care & Hospice Association</p> <p>Comment #68</p>	<p>“B-Criminal Record Check-Please clarify who would be defined as the licensee for the purposes of the pre-license criminal record check and drug screening.”</p>	<p>Clarification</p> <p>The licensee, as defined in the regulation, would require the background check. In the case of a corporation or</p>	<p>Section 501.B Text as published in the State Register:</p> <p>B. Before becoming licensed as an in-home care provider, a prospective licensee must undergo a criminal record check and submit to a drug test, as provided by S.C. Code Section 44-70-60(A). (I)</p>

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		<p>partnership, the two officers that sign the application for licensing would be the individuals that require background checks.</p> <p>Additional information, including detailed procedures, may be found on the DHL website</p>	
<p>Section 501.B, C</p> <p>Chad Matthews Daybreak, Aiken</p> <p>Comment #69</p>	<p>“1. National background checks that use sled databases can still be used if a person has 12 months residency in SC. Otherwise, successful SLED checks can be performed to work a person until the FBI fingerprint checks can be secured.</p> <p>2. Background checks that we have in file for employees will be sufficient and new ones do not have to be secured (assuming 12 month residency as discussed above) when licensure takes affect.”</p>	<p>Clarification</p> <p>1. This is correct.</p> <p>2. The background checks must meet the requirements of S.C. Code Section 44-7-2910 to be accepted for licensing.</p>	<p>Section 501.B and 501.C Text as published in the State Register:</p> <p>B. Before becoming licensed as an in-home care provider, a prospective licensee must undergo a criminal record check and submit to a drug test, as provided by S.C. Code Section 44-70-60(A). (I)</p> <p>C. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall undergo a criminal background check as provided by S.C. Code Sections 44-70-60(B) and 44-7-2910 and submit to a drug test as provided by S.C. Code Section 44-70-60(B). (I)</p>
<p>Section 501.C</p> <p>Harry Fendrich Home Instead Senior Care, Charleston, SC On behalf of the 9 local owners of Home</p>	<p>“<u>Second</u>, in Section 501.C: we suggest that FBI fingerprinting be required (of employees providing care) for only those employees that are hired after the regulations become effective, so long as the existing employee already has a criminal background check on file. Our</p>	<p>Not Adopted</p> <p>A. The current statute regarding background checks, S.C. Code 44-7-2910, does not allow</p>	<p>Same text as comment #69.</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
<p>Instead Senior Care franchises in SC</p> <p>Comment #70</p>	<p>companies already do extensive background checks of applicants (SLED, Skip Trace, County Criminal Background for each county lived in, DMV and Sex Registry search), and the cost of substantially duplicative tests is not economic or reasonable. Further, we suggest that in-home care service providers that are physically a great distance, for example, 75 miles, from fingerprinting service locations be exempt from the fingerprinting requirement (but not from out of state criminal background checks conducted by other means).”</p>	<p>for some employees to be exempt from the statute, nor does it allow for exemptions due to distance.</p> <p>B. The vendor does offer the service of a mobile unit, if a minimum number of individuals to be fingerprinted will attend.</p> <p>No Change</p>	
<p>Section 501.C</p> <p>James Wogsland ComForcare Home Care</p> <p>Comment #71</p>	<p>“On backgrounds the code section referred to requires use of the SLED background in SC including an FBI fingerprint check. We are concerned with the availability of this testing with the one approved vendor (our RN had to drive 2+ hours to get fingerprinted for her RN license under this program), whether we have to have all current caregivers retested, and the cost. We currently utilize an outside service that performs county, state and federal background checks. Their turnaround time is measured in days so that we can quickly meet the needs of consumers.”</p>	<p>Not adopted</p> <p>Same response as #70.</p> <p>No Change</p>	<p>Same text as comment #69.</p>
<p>Section 501.D</p> <p>Hiram Torres</p>	<p>“What will be the guidelines for the random drug testing of employees?”</p>	<p>Adopted</p> <p>Providers must</p>	<p>Section 501.D Text as published in the State Register: D. Licensed in-home care providers and individuals</p>

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<p>Nurse Bank America (Angel Companions)</p> <p>Comment #72</p>		<p>include the method of random drug testing in the provider's policies and procedures. The commercial drug testing laboratory can utilize random sampling software to provide a list of employees that require testing.</p>	<p>employed as in-home caregivers by licensed in-home care providers are subject to random drug testing as provided for in S.C. Code Section 44-70-70. (II)</p> <p>Text changed as a result of public comment:</p> <p>D. Licensed in-home care providers and individuals employed as in-home caregivers by licensed in-home care providers are subject to random drug testing as provided for in S.C. Code Section 44-70-70. (II) <u>The provider may choose the method of random testing that most suitably meets the provider's needs. The provider's policies and procedures must address random drug testing and describe the procedure chosen.</u></p>
<p>Section 501.D</p> <p>Tracy Fountain SC Vocational Rehabilitation Department</p> <p>Comment #73</p>	<p>"It states that the caregivers are subject to random drug testing, but it does not indicate the number per year or even by quarter to allow inspectors to know if they are currently in compliance."</p>	<p>Adopted</p> <p>Same response as #72.</p>	<p>Same text as comment #72.</p>
<p>Section 501.D</p> <p>Kathy Dzuhs ResCare Home Care</p> <p>Comment #74</p>	<p>"Define/intent of random drug testing."</p>	<p>Adopted</p> <p>Same response as #72.</p>	<p>Same text as comment #72.</p>
<p>Section 501.E</p> <p>Charles Brown</p>	<p>"E. Drug testing must be performed by the Home Care Agency. At a minimum, a five (5) panel drug screen</p>	<p>Not Adopted</p> <p>The Department will</p>	<p>Section 501.E Text as published in the State Register:</p>

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Right at Home Comment #75	will be utilized that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine.”	continue to require the use of commercial drug testing laboratories (commercial labs) to ensure the highest standards of accuracy, reliability and integrity are maintained. No Change	E. Drug testing must be performed by a commercial drug testing laboratory. At a minimum, a five (5) panel drug screen will be utilized that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine.
Section 501.E Vicki Moody Leading Age South Carolina Comment #76	“Take out the word ‘commercial’. Some Providers are approved to conduct their own testing.”	Not Adopted Same response as #75. No Change	Same text as comment #75.
Section 501.E Harry Fendrich Home Instead Senior Care, Charleston, SC On behalf of the 9 local owners of Home Instead Senior Care franchises in SC Comment #77	“ <u>Third</u> , Section 501.E: We are opposed to the first sentence of this section requiring drug testing to be performed by a commercial drug testing lab. We suggest that the proposed regulations permit in-home care providers to perform drug testing in-house. It is effective, fast, relatively inexpensive and professionally accepted across the country. For example, Micro Distributing and Medtox are leading providers of drug testing and employee screening products and services, offering a comprehensive array of solutions that are readily customized to suit any drug	Not Adopted Same response as #75. No Change	Same text as comment #75.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
	<p>testing and screening programs needs including FDA approved testing devices, SAMSHA certified laboratory and background investigative services.</p> <p>These and similar companies train and certify us to properly administer and read results, and provide for proper chain of custody and additional lab testing for samples that do not pass the test.</p> <p>The web sites of these two companies provide very useful details: www.medtox.com and www.micro-distributing.com.”</p>		
<p>Section 501.E</p> <p>James Wogsland ComForcare Home Care</p> <p>Comment #78</p>	<p>“We would request consideration of our current drug testing program versus having to send the prospective employee to an outside facility. We conduct a 10 panel drug test administered by a trained RN in our office.”</p>	<p>Not Adopted</p> <p>Same response as #75.</p> <p>No Change</p>	<p>Same text as comment #75.</p>
<p>Section 501.E</p> <p>D. Deloris Logan Allcaregivers, Incorporated</p> <p>Comment #80</p>	<p>“You impose use of a commercial drug testing laboratory when we could do our own testing in house at significant cost reduction.”</p>	<p>Not Adopted</p> <p>Same response as #75.</p> <p>No Change</p>	<p>Same text as comment #75.</p>
<p>Section 501.E</p> <p>Valerie Aiken CarePro Health Services</p>	<p>“The drug screenings are required can be very cost prohibitive for the providers as they are written. Many of the unlicensed in-home workers do not work consistently or long term, the ability to</p>	<p>Not Adopted</p> <p>Same response as #75.</p>	<p>Same text as comment #75.</p>

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Comment #81	perform screens in house utilizing SAMSHA approved kits would be most cost effective. The SC Drug free workplace Act does not require that any particular lab be utilized. See http://www.livedrugfree.org/SC-Law-Section-44-Chapter-107.316.0.html .”	The SC Drug Free Workplace Act does not apply to businesses that do not receive state funded grants or contracts. No Change	
Section 501.E Pepi Nelson ResCare Home Care Comment #82	“Drug testing should be inhouse. Undue burden on provider to pay for outside testing. Pls review Home Instead’s process and write into regs.”	Not Adopted Same response as #75. The process referenced by the commentor was not provided. No Change	Same text as comment #75.
Section 500.E (501.E) Alice Hughes Palmetto Health Home Care Comment #83	“I support a separate drug testing entity and support separation of agency personnel from specimen collection. This protects the agency and the employee and ultimately the client.”	Adopted	Same text as comment #75.
Section 501.F SC Assn. of Personal Care Providers Comment #84	“There is no definition of abuse related registries. How will providers know what is in existence and where to access information beyond criminal background checks.”	Clarification The Department may publish a list of currently applicable registries on the Department’s website.	Section 501.F Text as published in the State Register: F. The provider shall ensure that direct caregivers employed by the provider do not have prior convictions or have pled no contest (nolo contendere) for child or adult abuse, neglect or mistreatment, or other similar felonies. The provider shall coordinate

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			with appropriate abuse-related registries prior to the employment of staff to ensure compliance with this provision.
Section 501.F Heather Jones SC Home Care & Hospice Association Comment #85	“F-Abuse-Related Registries- We recommend that the regulation identifies that agencies must at a minimum check the Office of Inspector General Excluded Individuals/Entities Database.”	Adopted	Section 501.F Text as published in the State Register: F. The provider shall ensure that direct caregivers employed by the provider do not have prior convictions or have pled no contest (nolo contendere) for child or adult abuse, neglect or mistreatment, or other similar felonies. The provider shall coordinate with appropriate abuse-related registries prior to the employment of staff to ensure compliance with this provision.
Section 501 (501.F) Gloria Prevost Protection and Advocacy for People with Disabilities, Inc. Comment #86	“The regulation should also adopt more specific language, like that in Regulation 61-84.501.B, ‘Staff members/direct care volunteers/private sitters of the facility shall not have a prior conviction or pled no contest (nolo-contendere) to abuse, neglect, or exploitation of a child or a vulnerable adult as defined in S.C. Code Ann. Section 43-35-10, et seq. (1976, as amended).’”	Adopted	Section 501.F Text as published in the State Register: F. The provider shall ensure that direct caregivers employed by the provider do not have prior convictions or have pled no contest (nolo contendere) for child or adult abuse, neglect or mistreatment, or other similar felonies. The provider shall coordinate with appropriate abuse-related registries prior to the employment of staff to ensure compliance with this provision. Text changed as a result of public comment: The provider shall ensure that direct caregivers employed by the provider do not have a <u>prior conviction or pled no contest (nolo contendere) to abuse, neglect, or exploitation of a child or a vulnerable adult as defined in S.C. Code Section 43-35-10, et seq.</u> The provider shall coordinate with appropriate abuse-related registries prior to the employment of staff to ensure compliance with this

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			provision. (I)
Section 501.H D. Deloris Logan Allcaregivers, Incorporated Comment #87	“H. Duties and responsibilities shall be set forth in writing <u>and in accordance with the individual’s capability.</u> I recommend the underlined section of this proposed language be stricken to avoid unnecessary litigation.”	Adopted	Section 501.H Text as published in the State Register: H. The provider shall maintain accurate information on all staff members including, but not limited to, current address, phone number, personal, work, and training backgrounds. Each staff member shall be assigned certain duties and responsibilities. Duties and responsibilities shall be set forth in writing and in accordance with the individual’s capability. Text changed as a result of public comment: H. The provider shall maintain accurate information on all staff members including, but not limited to, current address, phone number, personal, work, and training backgrounds. Each staff member shall be assigned certain duties and responsibilities. Duties and responsibilities shall be set forth in writing and in accordance with the individual’s capability.
Section 501.J (501.J.1) Hiram Torres Nurse Bank America (Angel Companions) Comment #88	“‘What are the titles and abbreviations for non-medical caregivers in the home that are recognized by the Department of Health and Environmental Control?’”	Clarification Abbreviations such as, MD, RN, LPN are standards in the health care industry. Abbreviations used by the provider must be addressed in the provider’s policies and procedures.	Section 504.J.1 Text as published in the State Register: 1. All staff members, including trainees or probationary staff, shall wear badges clearly stating their names, using at a minimum, either first or last names with appropriate initials and their job or trainee titles. All trainees or probationary staff must be explicitly identified as such on their badges. This information must be clearly visible and must be stated in terms or abbreviations reasonably understandable to the average person, as recognized by the Department of Health and Environmental Control.
Section 501.J (501.J.1)	“Delete ‘trainees or probationary staff’. Suggested wording: ‘All staff members	Adopted	Section 504.J.1 Text as published in the State Register:

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
<p>Vicki Moody Leading Age South Carolina</p> <p>Comment #89</p>	<p>shall wear badges clearly stating their names and their titles.’ Delete remainder of the Section.”</p>		<p>1. All staff members, including trainees or probationary staff, shall wear badges clearly stating their names, using at a minimum, either first or last names with appropriate initials and their job or trainee titles. All trainees or probationary staff must be explicitly identified as such on their badges. This information must be clearly visible and must be stated in terms or abbreviations reasonably understandable to the average person, as recognized by the Department of Health and Environmental Control.</p> <p>Text changed as a result of public comment:</p> <p>1. All staff members, including trainees or probationary staff, shall wear badges clearly stating their names, using at a minimum, either first or last names with appropriate initials and their job or trainee titles. All trainees or probationary staff must be explicitly identified as such on their badges. This information must be clearly visible and must be stated in terms or abbreviations reasonably understandable to the average person, as recognized by the Department of Health and Environmental Control.</p>
<p>Section 501.J (501.J.1)</p> <p>Heather Jones SC Home Care & Hospice Association</p> <p>Comment #90</p>	<p>“J-Identification Badges-A similar requirement is not included as part of the home health licensure regulation. We recommend that this requirement be deleted.”</p>	<p>Not Adopted</p> <p>Older regulations will be updated to new standards as they are revised.</p> <p>No Change</p>	<p>Same text as comment #88</p>
<p>Section 501.J.1</p>	<p>“Trainees or probationary staff explicit identification: I can find no requirement</p>	<p>Adopted</p>	<p>Same text as comment #89</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
<p>Alice Hughes Palmetto Health Home Care</p> <p>Comment #91</p>	<p>in the home health regulations for this so I do not support the implementation of this requirement in an area that is supposed to require a lower level of care.”</p>		
<p>Section 502</p> <p>SC Assn. of Personal Care Providers</p> <p>Comment #92</p>	<p>“Has DHEC given any consideration to a minimum number of hours for training? We propose requiring a minimum number of training hours and a minimum number of continuing education hours to caregivers. The Medicaid Scope of Services II recommends 10 hours per year of in-service training. We also recommend training be based on what the employee will need to know in order to complete the job requirements. Perhaps there should be a reference that staff be trained on ADLs and IADLs. Possible language could read as follows: ‘Training shall be provided to each employee of the in home care agency based on the necessary training needed to perform the job duties for which the employee is responsible in an effective manner and under the supervision of a nurse when deemed necessary.’”</p>	<p>Not Adopted</p> <p>A. The Department will continue to allow providers to determine the most effective means of training its staff members.</p> <p>B. Providers may categorize training by function if the provider so desires, as long as the minimum standards in the regulation are met.</p> <p>C. Minor changes were made by staff to provide clarity.</p> <p>No Change</p>	<p>Section 502 Text as published in the State Register:</p> <p>502. Inservice Training. (I)</p> <p>Staff members shall be provided the necessary training to perform the duties for which they are responsible. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. A signature for the individual providing the training may be omitted for computer based training. The provider must be able to produce a transcript for computer based training for each individual employee. Electronic signatures are acceptable. Topics that contain a skill component, for example, medication assistance, lifting techniques, must be provided in a traditional instructor and student format. The following training shall be provided by appropriate resources, for example, licensed and/or registered persons, persons, video tapes, books, etc., to all caregivers in the context of their job duties and responsibilities, prior to client contact and at a frequency determined by the provider, but at least annually, unless otherwise specified by certificate for example, first aid:</p> <p>A. Basic first aid;</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>B. Medication assistance, for designated caregivers;</p> <p>C. Depending on the type of clients, care of persons specific to the physical and/or mental condition being cared for, for example, Alzheimer's disease, related dementia, cognitive disabilities, or similar disabilities;</p> <p>D. Confidentiality of resident information and records and the protecting of client rights, including prevention of abuse and neglect;</p> <p>E. Fire safety and disaster preparedness within twenty four (24) hours of client contact;</p> <p>F. Documentation and recordkeeping procedures;</p> <p>G. Ethics and interpersonal relationships;</p> <p>H. Proper lifting and transfer techniques, for designated caregivers; and</p> <p>I. Universal precautions.</p> <p>Text changed to provide clarity:</p> <p>502. Inservice Training. (I)</p> <p>Staff members shall be provided the necessary training to perform the duties for which they are responsible. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. A signature for the individual providing the training may be omitted for computer based training. The provider</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			must be able to produce a transcript for computer based training for each individual employee. Electronic signatures are acceptable. Topics that contain a skill component, for example, medication assistance, lifting techniques, must be provided in a traditional instructor and student format. The following training shall be provided by appropriate resources, for example, licensed and/or registered persons, persons <u>training personnel</u> , video tapes <u>media</u> , books, etc., to all caregivers in the context of their job duties and responsibilities, prior to client contact and at a frequency determined by the provider, but at least annually, unless otherwise specified by certificate for example, first aid:
Section 502 Hiram Torres Nurse Bank America (Angel Companions) Comment #93	“Are all of the in-services listed (A. through I.) required to be provided to each caregiver every year?”	Clarification Yes.	Same text as comment #92.
Section 502 Vicki Moody Leading Age South Carolina Comment #94	“Delete 5 th sentence: ‘Topics that contain a skill component, e.g. cardiopulmonary...’ This sentence references medical aid that should not be administered by a caregiver. This is a non-medical service and no aid should be administered.” 6 th Sentence Suggested Wording: ‘Training will be specific to the provider’s policy and procedure and	Adopted The language the commenter is referring to was taken from an early draft. The language has since been changed to reflect a required training topic.	Same text as comment #92.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
	orientation process.”		
Section 502 Seth Zamek Senior Helpers, Fort Mill Comment #95	“Staff members shall be provided...The following training shall be provided by appropriate resources, for example, licensed and/or registered persons, persons, video tapes, books, etc., to all caregivers in the context of their job duties and responsibilities, prior to client contact and at a frequency determined by the provider, <u>but at least annually</u> , unless otherwise specified by certificate for example, first aid.”	Not Adopted All elements of the section must be complied with. Additional emphasis is unnecessary and does not meet standard conventions of regulations in DHL. No Change	Same text as comment #92.
Section 502 Hiram Torres Nurse Bank America (Angel Companions) Comment #96	“While everyone agrees that caregivers must be proficient at the duties required of them and that ongoing in-service training is a very good idea, to require that every caregiver, complete every in-service training, every year is impractical. As you know within the private duty industry caregivers are hired as needed. Most caregivers are not fulltime employees and in fact many work just several months or even just several weeks. To require temporary, part time employees to complete all nine in-services within their limited span of employment is impractical. Some allowance by way of a pro-rated requirement based on length of	Not Adopted A. The list of training topics is the minimum necessary to protect the client and the caregiver. Training provided to new staff may be tailored to provide basic information prior to client contact, and then build upon that foundation as the caregiver is assigned more complex tasks. B. The training is not based on how long an employee	Same text as comment #92.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
	employment should be considered. For example a requirement that during the first three months of employment an individual should attend one in-service a month. Then at the end of six months of employment require a total of six in-services with the reminder of in-services being completed by the end of the first year of employment. This or some other more practical approach should be considered.”	works for the provider, rather on the minimum amount to provide care for a client. C. All required topics must be completed prior to client contact. No Change	
Section 502 David Hill Plan Home Health Care, Inc. Comment #97	“Inservice should be a minimum of 10 hours for caregivers per year. It should be at least 3 hours live training and 7 hours of non live training such as study (study) courses or video training. The Live Inservice should cover on an annual basis: (1) OSHA requirements (2) Blood Borne Pathogen training and control (3) Safety procedures”	Not Adopted The Department will continue to allow providers to determine the most effective means of training its staff members. No Change	Same text as comment #92.
Section 502 D. Deloris Logan Allcaregivers, Incorporated Comment #98	“Your language...’ in the context of job duties and responsibilities, prior to client contact...’ should reference new hire orientation.”	Not Adopted The Department will allow the provider to determine how to accomplish the required training prior to client contact. No Change	Same text as comment #92.
Section 502	“It will be helpful for inspection if your	Not Adopted	Same text as comment #92.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Tracy Fountain SC Vocational Rehabilitation Department Comment #99	office provides a more specific guideline as to what skills the basic caregiver should have before being licensed to create more uniformity.”	Skills are based upon the needs of the client. No Change	
Section 502 Tracy Fountain SC Vocational Rehabilitation Department Comment #100	“Once the basic skills are identified, then the providers can be more specific about the specialized training above what is already required by the in-home caregiver.”	Adopted The skills are listed in the text of the regulation. Providers may provide additional training according to the caregivers assigned tasks.	Same text as comment #92.
Section 502 Heather Jones SC Home Care & Hospice Association Comment #101	Section 502-Inservice Training “We recommend that infection control be added to the list of topics.”	Not Adopted Universal Precautions, Section 502.I, addresses this subject on a limited basis. Caregivers are not expected to need more than this level of training. No Change	Same text as comment #92.
Section 502 Tracy Fountain SC Vocational Rehabilitation	“When identifying the minimum skills and specific skills the caregiver is trained for, it might be helpful if they are tied to the skills with the billable medical codes used by medicaid and medicare to make	Not Adopted This regulation is not focused on reimbursement. This	Same text as comment #92.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Department Comment #102	sure they are trained for the skills they are billing.”	is the purview of other agencies. No Change	
Section 502 Beth Sulkowski The Alzheimer’s Association, South Carolina Chapter Comment #103	<p>“The Alzheimer’s Association applauds Section 502 of the draft SC In-Home Care Providers Regulation, which address Inservice Training. It is critically important that caregivers receive training on the “care of persons specific to the physical and/or mental condition being cared for, for example, Alzheimer’s disease, related dementia, cognitive disabilities, or similar disabilities.”</p> <p>While we appreciate the flexibility granted providers to train caregivers according to the “context of their job duties and responsibilities,” we would like to learn more about accountability for this standard and how compliance will be assessed.</p> <p>Employees of in-home care providers regularly assume responsibility for the safety and well-being of Alzheimer’s patients, who may be prone to wandering, delusions, agitation, depression, irritability, aberrant motor behavior, sleep and nighttime behavior disorders, appetite/ eating changes, and even aggression and violence. Dementia-specific training is essential to ensure that in-home care staff is</p>	<p>Clarification</p> <p>Compliance with the section will be determined through review of training documentation, care plans, documentation of care provided to the client, and other documentation as the situation requires.</p>	Same text as comment #92.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
	equipped to address these challenges.”		
Section 502.A Alice Hughes Palmetto Health Home Care Comment #104	“Basic First aid: Does this mean that the employee must be certified in basic first aid?”	Clarification No. The provider may determine the level of training necessary for the caregiver, depending on the clients’ needs.	Same text as comment #92.
Section 502.A, E Hiram Torres Nurse Bank America (Angel Companions) Comment #105	“Requiring a non-medical home care agency to provide first aid training to its temporary part time employees seems excessive and costly. Also, the requirement to conduct fire safety and disaster preparedness within 24 hours of client contact may be appropriate for medical home care and facilities but seems impractical for non-medical home care agencies.”	Not Adopted A. The list of training topics is the minimum necessary to protect the client and the caregiver. Training provided to new staff may be tailored to provide basic information prior to client contact, and then build upon that foundation as the caregiver is assigned more complex tasks. B. The training is not based on how long an employee works for the provider, rather on the minimum amount to provide care for a client.	Same text as comment #92.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		No Change	
Section 502.D Heather Jones SC Home Care & Hospice Association Comment #106	“D-Confidentiality of Records- We recommend that the term ‘client’ be used rather than ‘resident.’”	Adopted	Text as published in the State Register: D. Confidentiality of resident information and records and the protecting of client rights, including prevention of abuse and neglect; Text changed as a result of public comment: D. Confidentiality of resident <u>client</u> information and records and the protecting of client rights, including prevention of abuse and neglect;
Section 502.D Alice Hughes Palmetto Health Home Care Comment #107	“Recommend you change the word ‘resident’ to ‘client’”.	Adopted	Same text as comment #106.
Section 502.E Seth Zamek Senior Helpers, Fort Mill Comment #108	“E. Fire safety and disaster preparedness within <u>twenty four (24) hours of client contact</u> , (COMMENT: What does this mean?)”	Clarification This topic may be conducted prior to the employee conducting business with a client, or may be performed in the client’s residence. The training is not required for each client.	Same text as comment #92.
Section 502.E	“I am unclear regarding what the 24 hour	Clarification	Same text as comment #92.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Alice Hughes Palmetto Health Home Care Comment #109	of client contact requirement means. Please clarify”	Same response as #108.	
Section 503 (503.A) Gloria Prevost Protection and Advocacy for People with Disabilities, Inc. Comment #110	“P&A suggests deleting the requirement that the administrator be ‘mentally and emotionally capable of meeting the responsibilities....’ and providing only that the administrator be ‘capable.....’ Inclusion of the term ‘mentally and emotionally capable’ may result in inquiries that are impermissible under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.”	Adopted	Section 503.A Text as published in the State Register: A. The administrator shall exercise judgment that reflects that she or he is mentally and emotionally capable of meeting the responsibilities involved in operating an in-home care provider and to ensure that the in-home care provider is in compliance with these regulations. The administrator must demonstrate adequate knowledge of these regulations. Text changed as a result of public comment: A. The administrator shall exercise judgment that reflects that she or he is mentally and emotionally capable of meeting the responsibilities involved in operating an in-home care provider and to ensure that the in-home care provider is in compliance with these regulations. The administrator must demonstrate adequate knowledge of these regulations.
Section 503.A Seth Zamek Senior Helpers, Fort Mill Comment #111	“A. The Administrator shall exercise judgment that reflects that she or he is mentally ... <u>(should add: and experience in the healthcare field or college degree requirement for Administrator.)</u> ”	Not Adopted A. Healthcare experience is not required as this is not a healthcare business.	Same text as comment #110.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		<p>B. A college degree is not appropriate for all levels of the in-home care industry.</p> <p>No Change</p>	
<p>Section 504</p> <p>Hiram Torres Nurse Bank America (Angel Companions)</p> <p>Comment #112</p>	<p>“Seeking confirmation that employing a licensed nurse is not a requirement.”</p>	<p>Clarification</p> <p>Providers are not required to hire nurses.</p>	<p>Section 504.B.1 Text as published in the State Register:</p> <p>1. When a licensed nurse is employed, the licensed nurse must:</p> <p>a. Be capable of evaluating the caregiver’s competency in terms of the caregiver’s ability to carry out assigned duties and the caregiver’s ability to relate to the client; and</p> <p>b. Be able to assume responsibility for in-service training for caregivers by individual instruction, group meetings or workshops.</p>
<p>Section 504</p> <p>D. Deloris Logan Allcaregivers, Incorporated</p> <p>Comment #113</p>	<p>“Nurses employed by in-home care providers are governed by the South Carolina Nurse Practice Act. Nurses which perform services e.g., Medicaid Nursing, are covered by existing regulations. There is no need to incorporate language in the in-home care regulation to regulate nursing activities. They are not broken.”</p>	<p>Adopted</p>	<p>Section 504.B.1 Text as published in the State Register:</p> <p>1. When a licensed nurse is employed, the licensed nurse must:</p> <p>a. Be capable of evaluating the caregiver’s competency in terms of the caregiver’s ability to carry out assigned duties and the caregiver’s ability to relate to the client; and</p> <p>b. Be able to assume responsibility for in-service training for caregivers by individual instruction, group meetings or workshops.</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>Text changed as a result of public comment:</p> <p>1. When a licensed nurse is employed, the licensed nurse must:</p> <p>a. Be capable of evaluating the caregiver's competency in terms of the caregiver's ability to carry out assigned duties and the caregiver's ability to relate to the client; and</p> <p>b. Be able to assume responsibility for in-service training for caregivers by individual instruction, group meetings or workshops.</p>
<p>Section 504.B.1</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #114</p>	<p>"a and b: Delete the section regarding 'licensed nurse'. This is a non-medical service and nurses are not required."</p>	<p>Adopted</p> <p>Same response as #113.</p>	<p>Same text as comment #113.</p>
<p>Section 504.B.1</p> <p>Alice Hughes Palmetto Health Home Care</p> <p>Comment #115</p>	<p>"A licensed nurse appears to be an option yet they are listed in the section under direct care staff. If a licensed nurse is not required, then why are requirements included and job duties implied in sections a and b?"</p>	<p>Adopted</p> <p>Same response as #113</p>	<p>Same text as comment #113.</p>
<p>Section 504.B.2.a</p> <p>Vicki Moody Leading Age South Carolina</p>	<p>"Delete the words 'read and write' and suggested wording: 'A caregiver must be able to communicate effectively with client and supervisor.'"</p>	<p>Not Adopted</p> <p>Reading and writing are crucial to effective communication</p>	<p>Section 504.B.2.a Text as published in the State Register:</p> <p>a. Be able to read, write, and communicate effectively with client and supervisor;</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Comment #116		between caregivers and others that provide care to the client. No Change	
Section B2.d, e, f (504.D, E, F) Vicki Moody Leading Age South Carolina Comment #117	“Delete sections regarding nurses. This is a non-medical service and nurses are not required.”	Partially Adopted The Department takes the position that the proposed in-home care provider regulation clearly demonstrates that in-home care providers will not provide home health services as defined in S.C Code 44-69-10, et sec.	Section 504.D, E, F Text as published in the State Register: D. Supervisory nurses may be provided through a contractual arrangement. E. Nurses shall not provide nursing services that are not allowed pursuant to Section 901.B of this regulation. F. The provider will verify nurse licensure at time of employment and will ensure that the license remains active at all times during employment. The provider must maintain a copy of the current license in the employee’s personnel file. Text changed as a result of public comment: D. Supervisory nurses may be provided through a contractual arrangement. <u>DE.</u> Nurses shall not provide nursing services that are not allowed pursuant to Section 901.B of this regulation. <u>EF.</u> The provider will verify nurse licensure at time of employment and will ensure that the license remains active at all times during employment. The provider must maintain a copy of the current license in the

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			employee's personnel file.
Section 504.D Alice Hughes Palmetto Health Home Care Comment #118	"Why is this provision in here at all? I can't find a requirement for nurses to supervise at all?"	Adopted	Section 504.D Text as published in the State Register: D. Supervisory nurses may be provided through a contractual arrangement. Text changed as a result of public comment: D. Supervisory nurses may be provided through a contractual arrangement.
Section 504.E Heather Jones SC Home Care & Hospice Association Comment #119	Section 504-Staff Members "E-Nursing Services- Some home care agencies provide nursing services through private duty nursing programs. We recommend that the language be changed to reflect that some nursing services are outside of the scope of this regulation."	Adopted The Department takes the position that the in-home care providers will not provide home health services as defined in S.C Code 44-69-10, et sec.	Section 504.E Text as published in the State Register: E. Nurses shall not provide nursing services that are not allowed pursuant to Section 901.B of this regulation. Text changed as a result of public comment: E. <u>Licensed n</u> -Nurses shall not provide nursing services that are not allowed pursuant to Section 901.B of this regulation.
Section 504.E Alice Hughes Palmetto Health Home Care Comment #120	"Recommend clarification of this as it does not make sense as written. This would prohibit a nurse from performing an assessment, making a careplan and supervising and directing the duties of the staff performing direct care as I read it. I strongly support nursing involvement in the assessment, care planning and supervision of the	Clarification The language in this section would not prohibit a nurse from performing the functions listed by the commenter.	Same text as comment #119.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
	personnel providing these services and recommend inserting language to address that.”		
Section 504.E Valerie Aiken CarePro Health Services Comment #121	“Skilled Nursing under the proposed law is not covered under the Licensure Regulations. This may pose a problem with some of our Medicaid contracts that cover Skilled Nursing and whether the regulatory agency would cite the providers for providing this service without a license. If it is not going to be covered, then delete the section 504(e) that covers nursing services.”	Not Adopted The Department takes the position that the in-home care providers will not provide home health services as defined in S.C Code 44-69-10, et sec. No Change	Same text as comment #119.
Section 505 Hiram Torres Nurse Bank America (Angel Companions) Comment #122	“Other than the tuberculin skin test what other information is need for the ‘health assessment’”?	Adopted	Section 505(505.A) Text as published in the State Register: 505. Health Status. (I) A. All staff members who have contact with clients shall have a health assessment within twelve (12) months prior to initial client contact. The health assessment shall include tuberculin skin testing as described in Section 505. Text changed as a result of public comment: A. All staff members who have contact with clients shall have a health assessment within twelve (12) months prior to initial client contact. The health assessment shall include tuberculin skin testing as described in Section 505.C <u>and a screening by a</u>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<u>healthcare provider, using criteria determined by the healthcare provider, to determine the individual is free from communicable disease and is capable of performing assigned tasks.</u>
Section 505(505.A) SC Assn. of Personal Care Providers Comment #123	“What is meant by the pre-employment health assessment? Does this run contrary to the Americans with Disabilities Act? If this is included, we recommend a Health Questionnaire as generally accepted by worker’s compensation insurance carriers.”	Not adopted The screening performed by a healthcare provider helps to ensure the individual is free from communicable diseases and is medically capable of performing assigned duties. No Change	Same text as comment #122.
Section 505.A Harry Fendrich Home Instead Senior Care, Charleston, SC On behalf of the 9 local owners of Home Instead Senior Care franchises in SC Comment #124	“Fourth, in Section 505.A: Regarding health assessment, we recommend elimination of the proposed regulation. Caregiver employees are only providing non medical services for clients, and provisions for TB testing are already required. In-home care providers typically require care givers to limit lifting, pulling, , turning of clients to a specified number of pounds (for example, 25 pounds at Home Instead Senior Care) and ask the care givers if they can do this routinely, and then have them lift this amount of weight to	Not Adopted This provision helps to provide clients with a safe environment. It is consistent with other regulations where employees assist clients, residents or patients. No Change	Same text as comment #122.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
	demonstrate capability.”		
Section 505.A Heather Jones SC Home Care & Hospice Association Comment #125	“Section 505-Health Status A-Health Assessment- We recommend that the components of a health assessment be clearly delineated in the regulation.”	Partially Adopted The Department will allow the provider to collaborate with the healthcare provider to determine the components of the health assessment.	Same text as comment #122.
Section 505.A James Wogsland ComForcare Home Care Comment #126	“We would request that the verbiage "health assessment" be changed to just TB testing.”	Not Adopted Same response as # 124. No Change	Same text as comment #122.
Section 505.A Valerie Aiken CarePro Health Services Comment #127	“Pre-Employee Health Assessment – does this mean physical exam or health assessment questionnaire that the potential employee completes initially at hire.”	Clarification This is a physical examination.	Same text as comment #122.
Section 505.A Pepi Nelson ResCare Home Care Comment #128	“Health Assessment – Please delete requirement for a “health assessment”. Serves no quality purpose. Please leave TB test in the regulation & remove requirement for “health assessment”.”	Not Adopted Same response as #124. No Change	Same text as comment #122.
Section 505.A Kathy Dzuhs	“Health assessment w/in 12 mos. – Can be completed by Nursing Supv. (supervisor)?”	Clarification The health	Same text as comment #122.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
ResCare Home Care Comment #129		assessment may be performed by a registered nurse pursuant to written standing orders and protocol approved by a physician's signature.	
Section 505.C SC Assn. of Personal Care Providers Comment #130	“Why is this language different than the language/criteria use for adult day care, home health and hospice? The language herein appears to be language from the Nursing Home regulations. Our services and interaction with clients are more aligned with home health and therefore, should have the same criteria.”	Clarification This is updated information that was incorporated into the nursing home regulation in 2009. The language in the home health regulation was last revised in 1999. The language in this section is consistent with current CDC recommendations and closely parallels guidance provided in a Provider-Wide Exception dated June 23, 2006 addressing tuberculosis screening.	Section 505.C Text as published in the State Register: 5 C. Tuberculin Skin Testing. (I) 1. All in-home care providers shall conduct an annual TB risk assessment in accordance with Centers for Disease Control and Prevention (CDC) guidelines to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken. In-home care providers shall complete the risk assessment worksheet in the Appendix herein to help determine the provider's requirement for TB testing. 2. The risk classification, that is, low risk, medium risk, shall be used as part of the risk assessment to determine the need for an ongoing TB screening program for in-home caregivers and the frequency of screening. A risk classification shall be determined for each in-home care providers. In certain settings, for example, providers that encompass multiple sites or types of care, specific areas defined by geography, functional units, client population, job type, or location within the setting may have separate risk classifications.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>3. Prior to date of hire or initial client contact, the tuberculosis status of an in-home caregiver shall be determined in the following manner in accordance with the applicable risk classification:</p> <p>a. Low Risk:</p> <p>(1) Baseline two-step Tuberculin Skin Test (TST) or a single Blood Assay for <i>Mycobacterium tuberculosis</i> (BAMT): All in-home caregivers (within three (3) months prior to patient contact) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed in-home caregiver has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline.</p> <p>(2) Periodic TST or BAMT is not required.</p> <p>(3). Post-exposure TST or a BAMT for in-home caregivers upon unprotected exposure to <i>M. tuberculosis</i>: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all in-home caregivers who have had unprotected exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to <i>M. tuberculosis</i> ended.</p> <p>b. Medium Risk:</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>(1) Baseline two-step TST or a single BAMT: All in-home caregivers (within three (3) months prior to client contact) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed in-home caregiver has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline.</p> <p>(2). Periodic testing (with TST or BAMT): Annually, of all in-home caregivers who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, in-home caregivers with documented TB infection (positive TST or BAMT) shall receive a symptom screen annually. This screen shall be accomplished by educating the in-home caregiver about symptoms of TB disease, documenting the questioning of the in-home caregiver about the presence of symptoms of TB disease, and instructing the in-home caregiver to report any such symptoms immediately to the supervisor or administrator. Treatment for latent TB infection (LTBI) shall be considered in accordance with CDC and Department guidelines and, if recommended, treatment completion shall be encouraged.</p> <p>(3). Post-exposure TST or a BAMT for in-home caregivers upon unprotected exposure to <i>M. tuberculosis</i>: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all in-home caregivers who have had unprotected exposure to an</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to <i>M. tuberculosis</i> ended.</p> <p>c. Baseline Positive or Newly Positive Test Result:</p> <p>(1). In-home caregivers with a baseline positive or newly positive test result for <i>M. tuberculosis</i> infection (that is, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, for example, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). These in-home caregivers will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (that is, the Department's TB Control program).</p> <p>(2). In-home caregivers who are known or suspected to have TB disease shall be excluded from work, required to undergo evaluation by a physician, and permitted to return to work only with approval by the Department TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.</p> <p>(3). Baseline positive with or without documentation of treatment for latent TB infection (LTBI) or TB disease shall have a symptoms screen prior to</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			employment and annually thereafter.
Section 505.C Hiram Torres Nurse Bank America (Angel Companions) Comment #131	“A. Can a caregiver be assigned to a case after the first negative two-step TST? B. Please clarify the need to have tuberculin testing done ‘within three (3) months prior to client contact’”.	Not Adopted A. The caregiver must have the second step of a two-step tuberculin skin test read as negative before client contact. B. This allows the provider a little flexibility and helps prevent frequent testing of applicants. No Change	Same text as comment #130.
Section 505.C David Hill Plan Home Health Care, Inc. Comment #132	“TBT should be annual on all caregiving employees regardless of risk in a patient/clients home. Employees may come into contact with M.tuberculosis in places other than patient/client care setting. A two step TB test should be done when hired. Before anyone sees a patient/client, the first step should be read and the second step administered. 8. All patient caregivers should be tested thereafter on an annual basis.”	Not adopted This section is based on CDC guidelines and the Department’s Division of Tuberculosis Control (TB Control) recommendations. The CDC and TB Control are the recognized authorities on TB surveillance and treatment for South Carolina. No Change	Same text as comment #130.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Section 505.C.3 D. Deloris Logan Allcaregivers, Incorporated Comment #133	““At which point must the provider refer to your Department’s TB Control Program?””	Clarification A newly positive employee must be referred to a physician, who will then notify the Department.	Same text as comment #130.
Section 505.C.3.a.(1) James Wogsland ComForcare Home Care Comment #134	““We currently require all caregivers to go through one part TB testing. Will all current caregivers need to be retested for a two part TB testing where we only have done a one part?””	Clarification Each currently employed individual may be considered on a case-by-case basis. All new employees must be in compliance with the regulation.	Same text as comment #130.
Section 600 (601.A) SC Assn. of Personal Care Providers Comment #135	““How did the agency decide on six years for retention of client records? Current DHHS requirements are only five years and the statute of limitations is only three years.””	Clarification DHL utilizes retention schedules of six (6), ten (10), and twenty-five (25) years for client, patient, or resident records. The Department chose the shortest retention schedule due to the nature of the care provided. Other agencies have different retention	Section 600 (601.A) Text as published in the State Register:

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		schedules based on that particular agency's requirements. There is no statute of limitations for complaint investigations.	
Section 601 (601.E) Hiram Torres Nurse Bank America (Angel Companions) Comment #136	“Is there a special form or a required format for reporting serious incidents?”	Clarification Each provider may develop their own forms, as long as the requirements listed in this section are provided to the Department.	Section 601.E Text as published in the State Register: E. Reports submitted to the Department shall contain at a minimum: provider name, client age and sex, date of incident, location, witness name(s), extent and type of injury and how treated, for example, hospitalization, cause of incident, internal investigation results if applicable, identity of other agencies notified of incident and the date of any such report(s).
Section 601 Vicki Moody Leading Age South Carolina Comment #137	“This section creates for an organization an environment of risk and liability. Organization should adhere to their internal policies to manage risk.”	Not Adopted The clients receive a level of protection as a result of the providers self reporting of incidents. The Department has a responsibility to the public to track incidents and initiate corrective measures as appropriate. No Change	Section 601 Text as published in the State Register: 601. Incidents (I) A. A record of each incident and/or accident that occurs during staff contact with clients involving clients or staff members, shall be documented, and if necessary, reviewed, investigated, and evaluated in accordance with provider policies and procedures. Documents must be retained for six (6) years. B. Serious incidents and/or any sudden or unexpected illness or staff member error resulting in death or inpatient hospitalization shall be reported immediately via telephone to the client's next-of-kin or responsible party.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>C. A serious incident is one that results in death or a significant loss of function or damage to a body structure, not related to the natural course of a client's illness or underlying condition, and resulting from an incident that occurs during staff contact with clients. A serious incident shall be considered as, but is not limited to:</p> <ol style="list-style-type: none"> 1. Falls or trauma resulting in fractures of major limbs or joints; 2. Client suicide; 3. Criminal events or assaults against clients which are reported and filed with the police; and/or 4. Allegations of client abuse, neglect, or exploitation by an employee. <p>D. The Department's Division of Health Licensing shall be notified in writing within ten (10) days of the occurrence of a serious incident.</p> <p>E. Reports submitted to the Department shall contain at a minimum: provider name, client age and sex, date of incident, location, witness name(s), extent and type of injury and how treated, for example, hospitalization, cause of incident, internal investigation results if applicable, identity of other agencies notified of incident and the date of any such report(s).</p> <p>F. The provider shall report any allegation of abuse,</p>

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			neglect, or exploitation of clients to the Adult Protective Services Program in the Department of Social Services in accordance with S.C. Code Section 43-35-25.
Section 601 Gloria Prevost Protection and Advocacy for People with Disabilities, Inc. Comment #138	“The definition of incident should specifically include abuse, neglect and exploitation as defined in the Omnibus Adult Protection Act. All incidents of abuse, neglect, and exploitation should always be treated as serious.”	Adopted	Section 601.C.4 Text as published in the State Register: 4. Allegations of client abuse, neglect, or exploitation by an employee. Text changed as a result of public comment: 4. Allegations of client abuse, neglect, or exploitation, <u>as defined in S.C. Code Section 43-35-5 et seq.,</u> by an employee.
Section 601.B Gloria Prevost Protection and Advocacy for People with Disabilities, Inc. Comment #139	“Information about the client’s health or about an incident should not automatically be reported to the next-of-kin or responsible party without the client’s consent, or documentation that otherwise complies with legal requirements for sharing health information.”	Not Adopted A. The Department takes the position that involvement of next-of-kin and responsible parties is crucial to appropriate emergency care. This position is reflected across regulated communities as evidenced by language included in regulations. B. If a competent client states that	Section 601.B Text as published in the State Register: B. Serious incidents and/or any sudden or unexpected illness or staff member error resulting in death or inpatient hospitalization shall be reported immediately via telephone to the client’s next-of-kin or responsible party.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		he/she does not wish to notify their NOK, that is their right and must be honored. No Change	
Section 601.C.1 Gloria Prevost Protection and Advocacy for People with Disabilities, Inc. Comment #140	“Section 601.C.1 should also include burns.”	Not Adopted The Department believes burns that require the initiation of an incident report are included in section 601.C. No Change	Section 601.C.1 Text as published in the State Register: C. A serious incident is one that results in death or a significant loss of function or damage to a body structure, not related to the natural course of a client’s illness or underlying condition, and resulting from an incident that occurs during staff contact with clients. A serious incident shall be considered as, but is not limited to: 1. Falls or trauma resulting in fractures of major limbs or joints;
Section 601.D, E Vicki Moody Leading Age South Carolina Comment #141	“Delete sections.”	Not Adopted The clients receive a level of protection as a result of the providers self reporting of incidents. The Department has a responsibility to the public to track incidents and initiate corrective measures as appropriate.	Section 601.D, E Text as published in the State Register: D. The Department’s Division of Health Licensing shall be notified in writing within ten (10) days of the occurrence of a serious incident. E. Reports submitted to the Department shall contain at a minimum: provider name, client age and sex, date of incident, location, witness name(s), extent and type of injury and how treated, for example, hospitalization, cause of incident, internal investigation results if applicable, identity of other agencies notified of incident and the date of any such report(s).

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		No Change	
Section 601.E Tracy Fountain SC Vocational Rehabilitation Department Comment #142	“Incident reports should have some uniformity to make it easier to identify the licensed provider number and licensed caregiver numbers. This will assist in tracking incidents to caregivers that work with different providers.”	Not Adopted The text of the proposed regulation is consistent with the data required of other regulated facilities and activities. The Department does not assign numbers to caregivers. No Change	Section 601.E Text as published in the State Register: E. Reports submitted to the Department shall contain at a minimum: provider name, client age and sex, date of incident, location, witness name(s), extent and type of injury and how treated, for example, hospitalization, cause of incident, internal investigation results if applicable, identity of other agencies notified of incident and the date of any such report(s).
Section 601.F Heather Jones SC Home Care & Hospice Association Comment #143	“Section 601-Incidents F-Reporting of Abuse, Neglect, or Exploitation-We recommend that Child Protective Services be included as a reporting agency.”	Adopted	Section 601.F Text as published in the State Register: F. The provider shall report any allegation of abuse, neglect, or exploitation of clients to the Adult Protective Services Program in the Department of Social Services in accordance with S.C. Code Section 43-35-25. Text changed as a result of public comment: F. The provider shall report any allegation of abuse, neglect, or exploitation of clients to the Adult Protective Services Program in the Department of Social Services in accordance with S.C. Code Section 43-35-25, <u>or Child Protective Services, as appropriate.</u>
Section 601.F Gloria Prevost	“Section 601.F should require that any employee who observes an incident of abuse, neglect or exploitation must report	Partially Adopted A. The Department	Same text as comment #143.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Protection and Advocacy for People with Disabilities, Inc. Comment #144	it immediately to DSS. The report should not be filtered through the provider, although it is appropriate for the provider to have policies for internal reporting. The Department of Health Licensing should initially be notified of serious incidents within three, not ten, business days, although fully reporting would not be required until ten business day.”	requires the provider to report serious incidents. Therefore, the employee must involve the provider to initiate required reporting. B. Ten days is consistent with current Department requirements. It allows for the results of investigations to be included with the report.	
Section 601.F Alice Hughes Palmetto Health Home Care Comment #145	“Recommend adding Child Protective Services and the age requirements to this section as agencies will care for adults and children.”	Adopted	Same text as comment #143.
Section 602 Vicki Whiteside PSA Healthcare Comment #146	“Administrator change – Consider at least a 30 day notice or perhaps 15 days?”	Not Adopted This is consistent with other regulations in DHL. If a permanent replacement cannot be hired within the time limit, an interim administrator will be acceptable.	Section 602 Text as published in the State Register: 602. Administrator Change. The Department’s Division of Health Licensing shall be notified, in writing, by the licensee within ten (10) days of any change in administrator. Notice shall include, at a minimum, the name of the newly appointed individual and the effective date of appointment.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		No Change	
<p>Section 603</p> <p>Gloria Prevost Protection and Advocacy for People with Disabilities, Inc.</p> <p>Comment #147</p>	<p>“This section does not appear entirely applicable to voluntary in-home services. If a provider closes, it should immediately notify the client, who may choose whether to obtain another service provider.”</p>	<p>Clarification</p> <p>If a provider requires a license (volunteer or not), the provider is subject to this section. If a provider does not require a license, this does not apply.</p>	<p>Section 603 Text as published in the State Register: 603. Provider Closure.</p> <p>A. Prior to the temporary closure of a provider, the Department’s Division of Health Licensing shall be notified, in writing, of the intent to close and the effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the Department’s Division of Health Licensing of the provisions for the maintenance of the records, the identification of those clients that will require transfer to another provider, and the date of anticipated reopening. If the provider is closed for a period longer than one year, and there is a desire to reopen, the provider shall re-apply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, as if it were for a new provider. In the event that the license expires during the period of temporary closure, the licensee shall submit a license renewal application and licensing fee on schedule as if the provider were operating.</p> <p>B. Prior to the permanent closure of a provider, the Division of Health Licensing shall be notified, in writing, of the intent to close and the effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the Division of Health Licensing of the provisions for the maintenance of the records, the identification of those clients that will require transfer to another provider, and the dates and amounts of client refunds. On the date of closure, the license shall be returned to the</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			Department's Division of Health Licensing.
Section 700 Tracy Fountain SC Vocational Rehabilitation Department Comment #148	<p>“The daily care sheet should also indicate a space where the caregiver can notate whether or not an incident report will be filed for that date. It should have a space for a short explanation of what type of incident is being reported. There should also be a space to indicate what the actual incident report identifying number is that is actually created for that date. This will make it easier for investigation of the incidents.</p> <p>There would also be a place on the daily caresheet indicating which services the caregiver is authorized to perform so that the inspectors can check that against which services they are actually trained to perform and which services the provider is billing for that caregiver's services.”</p>	<p>Not Adopted</p> <p>A. The provider will determine the contents and format of the documentation used to record care provided to clients. B. Inspectors will utilize other documentation that the provider can readily produce to enforce training and provision of contracted services.</p> <p>No Change</p>	<p>This is proposed new content.</p>
Section 700 (704.F) SC Assn. of Personal Care Providers Comment #149	<p>“How did the agency decide on six years for retention of client records? Current DHHS requirements are only five years and the statute of limitations is only three years.”</p>	<p>Clarification</p> <p>The Division of Health Licensing currently utilizes three (3) retention schedules for patient/client/resident records; twenty-five (25), ten (1)0, or six (6) years. The</p>	<p>Section 704.F Text as published in the State Register:</p> <p>F. Records of clients shall be maintained for at least six (6) years following discharge of the client. Other regulation required documents, for example, reports of visit, complaint investigation reports, etc., shall be retained for at least twelve (12) months or since the last inspection by Department's Division of Health Licensing, whichever is longer.</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		shortest retention schedule was chosen to keep retention of client record to a minimum.	
Section 701.A Vicki Moody Leading Age South Carolina Comment #150	“Delete section and replace with suggested wording: “The content of the client record will be determined by the provider, but must contain documentation needed to properly identify the client and verify appropriate service(s) rendered.”	Not Adopted The information listed in this section is important for the Department to determine that the client is adequately cared for. No Change	Section 701.A Text as published in the State Register: A. The provider shall initiate and maintain an organized record for each client. The record shall contain sufficient documented information to identify the client and the provider and/or person responsible for the client’s care; ensure appropriate care is provided as needed; and promote continuity of care among providers that is consistent with acceptable standards of practice.
Section 701.A.1 Vicki Moody Leading Age South Carolina Comment #151	“Change section: Keep 1 st line: ‘Records may be maintained on paper or electronically.’ Delete rest of paragraph.”	Not Adopted Signed, legible records promote continuity of care and accountability of care. No Change	Section 701.A Text as published in the State Register: 1. Records may be maintained on paper or electronically. All entries must be legible and complete. Records shall be separately signed and dated promptly by the individual responsible for ordering, providing or evaluating the service or care furnished. Records may be signed electronically. If an entry is signed on a date other than the date it was made, the date of the signature shall be entered.
Section 701.A.1 Kathy Dzuhs ResCare Home Care Comment #152	“Records must be signed by client, ordering, providing... – CLTC does not allow/require signatures.”	Partially Adopted The Department will continue to require records to be signed to authenticate data entries.	Section 701.A Text as published in the State Register: 1. Records may be maintained on paper or electronically. All entries must be legible and complete. Records shall be separately signed and dated promptly by the individual responsible for ordering, providing or evaluating the service or care

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>furnished. Records may be signed electronically. If an entry is signed on a date other than the date it was made, the date of the signature shall be entered.</p> <p>Text changed as a result of public comment:</p> <p>1. Records may be maintained on paper or electronically. All entries must be legible and complete. Records shall be separately signed and dated promptly by the individual responsible for ordering, providing or evaluating the service or care furnished. Records may be signed electronically. If an entry is signed on a date other than the date it was made, the date of the signature shall be entered.</p>
<p>Section 701.B.1</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #153</p>	<p>“Change word ‘care’ to ‘service’ plan”</p>	<p>Not Adopted</p> <p>This language is used to distinguish between the service agreement and the care plan.</p> <p>No Change</p>	<p>Section 701.B.1</p> <p>Text as published in the State Register:</p> <p>1. An individualized care plan;</p>
<p>Section 701.B.2</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #154</p>	<p>“Change section: Keep 1st line: ‘Documentation of service provided.’ Delete rest of paragraph.”</p>	<p>Not Adopted</p> <p>The information listed in this section is important for the Department to determine that the client is adequately cared for.</p>	<p>Section 701.B.2</p> <p>Text as published in the State Register:</p> <p>2. Documentation of care provided. Each visit by a caregiver to a client’s residence shall be documented. Documentation of visits shall include what care was provided, any significant situation(s) encountered during the visit, the name of the caregiver providing the care, the caregiver’s signature and date of care provided;</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		No Change	
Section 701.B.2 Alan Shaw Homewatch Caergivers Question #155	“We currently use an electronic system. It does not have a caregiver signature but does have a caregiver ID number. I assume that would qualify as a signature. Can that be clarified under this provision.”	Clarification This situation would be considered an electronic signature and would be accepted by Department staff.	Same text as Comment #154
Section 701.B.4 Philip Atkinson, President, Enabling Technologies Associates, Inc. Comment #156	“The service agreement should include what specific assistive technologies must or will be provided and used in the caregiving process, who will provide such equipment, and a statement that the caregiver is or will be trained in its safe and proper use”	Not Adopted The requirement is included in the text in broader language. No Change	Section 701.B.4 Text as published in the State Register: 4. A service agreement to include: a. An explanation of the specific care and or services furnished by the provider; for example, provision of special diet as necessary, assistance with bathing, toileting, feeding, dressing, and mobility; b. Disclosure of fees for all care and/or services provided; c. Advance notice requirements to change fee amount; d. Transportation policy; e. Refund policy to include when monies are to be forwarded to client upon termination of care; f. Termination of care provisions to include the conditions under which the client may be refused further care;

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>g. Documentation of the explanation of the client's rights and the grievance procedure; and</p> <p>h. Documentation attesting to the explanation of the items in the service agreement, which shall be signed by the provider and the client or the client's responsible party or guardian.</p>
<p>Section 702</p> <p>Philip Atkinson, President, Enabling Technologies Associates, Inc.</p> <p>Comment #157</p>	<p>"There should be added to this after the word 'client', and/or in 102.B, 'and the client's environment'. This should probably be expanded to define considerations, such as: doorway widths, thresholds, stairways, Bathing facilities --, and the many other household features that can severely impact the ability to allow client's independence or limit caregiving ability."</p>	<p>Not Adopted</p> <p>The Department is not authorized to regulate private homes.</p> <p>No Change</p>	<p>Section 702 Text as published in the State Register:</p> <p>702. Assessment. (II)</p> <p>A written assessment of the client in accordance with Section 102.B of this regulation shall be conducted by a designated appropriate staff member as evidenced by his or her signature within a time period determined by the provider, but no later than seventy two (72) hours after the initial provision of care.</p>
<p>Section 702</p> <p>SC Assn. of Personal Care Providers</p> <p>Comment #158</p>	<p>"It is not clear who does the initial assessments and care plans. Is it a nurse or MSW? The proposal says appropriate staff member, but appropriate is not defined."</p>	<p>Adopted.</p> <p>It is not anticipated that the staff performing the assessment will require credentials such as RN or MSW.</p>	<p>Section 702 Text as published in the State Register:</p> <p>702. Assessment. (II)</p> <p>A written assessment of the client in accordance with Section 102.B of this regulation shall be conducted by a designated appropriate staff member as evidenced by his or her signature within a time period determined by the provider, but no later than seventy two (72) hours after the initial provision of care.</p> <p>Text changed as a result of public comment.</p> <p>702. Assessment. (II)</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			A written assessment of the client in accordance with Section 102.B of this regulation shall be conducted by a designated appropriate staff member as evidenced by his or her signature within a time period determined by the provider, but no later than seventy two (72) hours after the initial provision of care.
Section 702 Vicki Moody Leading Age South Carolina Comment #154	“Rename Section to ‘Client Data’ and change wording to: ‘Collecting data from client history to determine if service can be provided.’ – Delete 72 hours.”	Not Adopted The language used in the text requires a judgment by provider staff. No Change	Same text as comment #157.
Section 702 David Hill Plan Home Health Care, Inc. Comment #159	“Assessment of patients should only be done by those trained as a registered nurse, a licensed practical nurse or a pharmacist trained in patient care. The care plan for the patients should be written by one of these three (3) only and approved by physician. This would be done with the approval of the patient or (or) the responsible party for that patient.”	Not Adopted As a minimum standard, this requirement would be too rigorous. No Change	Same text as comment #157.
Section 702 Heather Jones SC Home Care & Hospice Association Comment #160	“Section 702-Assessment Please clarify who is authorized to complete the client assessment. We recommend the involvement of nursing staff in the client assessment. Please clarify the time line for the completion of the assessment. The assessment	Not Adopted A. The client assessment will be performed by an individual selected by the provider. It is	Same text as comment #157.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
	should be completed prior to the provision of services.”	<p>not anticipated that the staff performing the assessment will require credentials such as RN or MSW.</p> <p>B. The 72 hour time limit allows a provider to complete and adjust the assessment during the initial client contact.</p>	
<p>Section 703</p> <p>SC Assn. of Personal Care Providers</p> <p>Comment #161</p>	<p>“It is not clear who does the initial assessments and care plans. Is it a nurse or MSW? The proposal says appropriate staff member, but appropriate is not defined.”</p>	<p>Not Adopted</p> <p>The client assessment will be performed by an individual selected by the provider. It is not anticipated that the staff performing the assessment will require credentials such as RN or MSW.</p> <p>No Change</p>	<p>Section 703</p> <p>Text as published in the State Register:</p> <p>703. Care Plan. (I)</p> <p>A. The provider shall develop a care plan with participation by, as evidenced by their signatures, the client, administrator (or designee), and/or the responsible party when appropriate, within seven days of the initial provision of care. The care plan shall be reviewed and/or revised as changes in client needs occur.</p>
<p>Section 703</p> <p>Vicki Moody</p> <p>Leading Age South Carolina</p> <p>Comment #162</p>	<p>“Rename to ‘Service Plan’”</p>	<p>Not Adopted</p> <p>The Department intends to maintain the differentiation between business documents (service</p>	<p>Same text as comment #161.</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		agreement) and client care documents (care plan). No Change	
Section 703 Heather Jones SC Home Care & Hospice Association Comment #163	“Section 703-Care Plan Please clarify who is authorized to develop the care plan. We recommend the involvement of nursing staff in the care plan development and in the supervision the care plan implementation. Please clarify the time line for care plan. The care plan should be completed prior to the provision of services.”	Not Adopted A. The care plan will be performed by an individual selected by the provider. It is not anticipated that the staff preparing the care plan will require credentials such as RN or MSW. B. The 72 hour time limit allows a provider to complete and adjust the care plan during the initial client contact. No Change	Same text as comment #161.
Section 703.A Vicki Moody Leading Age South Carolina Comment #164	“Suggested wording: ‘The provider shall develop a ‘service’ plan. The original ‘service’ plan and the latest ‘service’ plan shall be maintained in the client record.”	Not Adopted The Department intends to maintain the differentiation between business documents (service agreement) and client	Section 703.A Text as published in the State Register: A. The provider shall develop a care plan with participation by, as evidenced by their signatures, the client, administrator (or designee), and/or the responsible party when appropriate, within seven days of the initial provision of care. The care plan shall be reviewed and/or revised as changes in client needs

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		care documents (care plan). No Change	occur.
Section 703.A Seth Zamek Senior Helpers, Fort Mill Comment #165	“A. the provider ... (COMMENT: Please explain.)”	Clarification The provider refers to the In-Home Care Provider.	Same text as comment #164.
Section 703.B.1-3 Vicki Moody Leading Age South Carolina Comment #166	“Should state services currently provided and changes based on need and service plan should be kept in the client’s home/location for other service providers.”	Not Adopted The provider may determine the most appropriate management of documents to suit its needs. No Change	Section 703.A Text as published in the State Register: B. The care plan shall describe: 1. The needs of the client, including the services for which the client requires assistance, for example, what assistance, how much, who will provide the assistance, how often, and when; 2. Requirements and arrangements for visits outside the client’s residence; and 3. Dietary needs.
Section 704.E Harry Fendrich Home Instead Senior Care, Charleston, SC On behalf of the 9 local owners of Home Instead Senior Care franchises in SC	“Fifth, Section 704-E: We suggest allowance of extenuating circumstances (for example, outstanding legal issues, outstanding payments, etc.) be a valid reason for keeping a terminated client file open longer than 30 days.”	Not Adopted A closed record is still available to the provider. The intent of this section is to consolidate documents from various locations into	Section 704.E Text as published in the State Register: E. Upon termination of care to a client, the record shall be completed within thirty (30) days, and filed in an inactive or closed file maintained by the licensee. Prior to the closing of a provider for any reason, the licensee shall arrange for preservation of records to ensure compliance with these regulations. The licensee shall notify the Department’s Division of

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Comment #167		a single location. No Change	Health Licensing, in writing, describing these arrangements and the location of the records.
Section 800.A Vicki Moody Leading Age South Carolina Comment #168	“Suggested wording: ‘Individuals seeking ‘service’ shall be identified as appropriate for the level of ‘assistance requested.’ It is important to remember this is client-centered care rather than provider-centered.”	Not Adopted The statute indicates that in-home care providers provide care to clients. The Department agrees the proposed regulation addresses “client-centered care”. No Change	Section 800.A Text as published in the State Register: A. Individuals seeking care shall be identified as appropriate for the level of care, or assistance offered. The provider shall establish acceptance criteria that are consistently applied and comply with local, state, and federal laws and regulations.
Section 800.B Vicki Moody Leading Age South Carolina Comment #169	“Suggested wording: The provider shall accept and retain only those persons appropriate for “service” that may be provided by in-home care...”	Not Adopted The statute indicates that in-home care providers provide care to clients. No Change	Section 800.B Text as published in the State Register: B. The provider shall accept and retain only those persons appropriate for care that may be provided by an in-home care provider in compliance with the standards of this regulation.
Section 900 (901.B through 901.B.18) SC Assn. of Personal Care Providers Comment #170	“Does the list of services reflect the sum total of all services and in home care provider can offer pursuant to the regulations? If a service isn’t listed does it mean that service cannot be provided?”	Clarification A. The last sentence in B states, “Care <u>may</u> include the following:” B. The number of non-medical tasks is simply too large to publish in a	Section 900 (901.B through 901.B.18) Text as published in the State Register: B. Care provided by caregivers is strictly limited to non-medical tasks. Care may include the following: 1. Meal planning, preparation and limited assistance in eating. Caregivers must demonstrate a high level of cleanliness and practice basic principles of food safety;

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		<p>regulation. The Department selected a few tasks as examples of non-medical care.</p> <p>C. The list is not all-inclusive.</p>	<p>2. Bathing;</p> <p>3. Grooming;</p> <p>4. Dressing;</p> <p>5. Personal hygiene, including toileting;</p> <p>6. Assisting clients in and out of bed, chairs, or vehicles, and repositioning them when required;</p> <p>7. Assistance with walking, including the use of walkers, canes, and crutches;</p> <p>8. Cleaning the client's home;</p> <p>9. Laundry care;</p> <p>10. Shopping for the client. Receipts must be provided to the client and all client funds must be accounted_for;</p> <p>11. Running errands;</p> <p>12. Provide transportation to appointments, shopping, etc;</p> <p>13. Address safety hazards found in clients' homes. Hazards that cannot be corrected by the caregiver must be reported to an administrator;</p> <p>14. Assistance with communication;</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>15. Monitoring the client's condition, that is, temperature, pulse rate, respiration rate, and blood pressure, if trained to do so;</p> <p>16. Medication assistance;</p> <p>17. Strength and balance training; and</p> <p>18. Skin care.</p> <p>No Change.</p>
<p>Section 900</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #171</p>	<p>"Need to change the above word 'Care' to 'Service'"</p>	<p>Not Adopted</p> <p>The statute indicates that in-home care providers provide care to clients.</p> <p>No Change</p>	<p>Section 900</p> <p>Text as published in the State Register:</p> <p>SECTION 900. CLIENT SERVICES AND CARE (I)</p>
<p>Section 901.B</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #172</p>	<p>"Suggested wording: Change 'Care' to 'Service' provided by caregivers is strictly limited to non-medical tasks. Delete remainder of the section 1-18."</p>	<p>Not Adopted</p> <p>A. The statute indicates that in-home care providers provide care to clients.</p> <p>B. The list is helpful for prospective providers to assist them in determining if they need to be licensed under this regulation or other regulations.</p>	<p>Section 900</p> <p>Text as published in the State Register:</p> <p>B. Care provided by caregivers is strictly limited to non-medical tasks. Care may include the following:</p> <ol style="list-style-type: none"> 1. Meal planning, preparation and limited assistance in eating. Caregivers must demonstrate a high level of cleanliness and practice basic principles of food safety; 2. Bathing; 3. Grooming; 4. Dressing;

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		No Change	<p>5. Personal hygiene, including toileting;</p> <p>6. Assisting clients in and out of bed, chairs, or vehicles, and repositioning them when required;</p> <p>7. Assistance with walking, including the use of walkers, canes, and crutches;</p> <p>8. Cleaning the client's home;</p> <p>9. Laundry care;</p> <p>10. Shopping for the client. Receipts must be provided to the client and all client funds must be accounted for;</p> <p>11. Running errands;</p> <p>12. Provide transportation to appointments, shopping, etc;</p> <p>13. Address safety hazards found in clients' homes. Hazards that cannot be corrected by the caregiver must be reported to an administrator;</p> <p>14. Assistance with communication;</p> <p>15. Monitoring the client's condition, that is, temperature, pulse rate, respiration rate, and blood pressure, if trained to do so;</p> <p>16. Medication assistance;</p> <p>17. Strength and balance training; and</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			18. Skin care.
Section 901.B Heather Jones SC Home Care & Hospice Association Comment #173	“Section 901-Client Services and Care-General B-Types of Care- We recommend that companion/sitter services be added to the list of care examples.”	Not Adopted A. The Department believes inclusion of these terms may cause confusion in regards to care provided. B. The list is not intended to be all-inclusive. No Change	Same text as comment #172.
Section 901.B.13 Philip Atkinson, President, Enabling Technologies Associates, Inc. Comment #174	“Not only safety hazards should be addressed, but impediments to caregiving, such as environmental limitations and lack of needed assistive technologies, or the need for training in the use of a special technology.”	Not Adopted A. The Department believes inclusion of these terms may cause confusion in regards to care provided. B. The list is not intended to be all-inclusive. No Change	Section 901.B.13 Text as published in the State Register: 13. Address safety hazards found in clients’ homes. Hazards that cannot be corrected by the caregiver must be reported to an administrator;
Section 900.B.15 (901.B.13) Alice Hughes Palmetto Health Home	“Who is qualified to train the employee to perform this monitoring?”	Clarification Section 502 addresses training of employees	Same text as comment #174.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Care Comment #175			
Section 901.B.16 Charles Brown Right at Home Comment #176	“Please note that Section 901#16 should be listed as ‘Medication reminders’ (Medication assistance falls in the realm of Skilled care, not non-medical care.)”	Not Adopted A. The S.C. Board of Nursing published a Policy Statement dated January 1996 (revised November 2011) regarding Medication Assistance. It provides guidance for non-licensed personnel to comply with the Nurse Practice Act. B. The Department intends to enforce medication assistance that is provided outside the parameters of these documents. No Change	Section 901.B.16 Text as published in the State Register: 16. Medication assistance;
Section 901.B.16 Heather Jones SC Home Care & Hospice Association Comment #177	“Please define medication assistance and the type of staff that is able to provide it.”	Clarification Same response as #176. In addition, caregivers that have been trained to provide medication	Same text as comment #176.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		assistance will be able to provide this care.	
<p>Section 900.B.16 (901.B.16)</p> <p>Alice Hughes Palmetto Health Home Care</p> <p>Comment #178</p>	<p>“Please define medication assistance or reference rule or regulation.”</p>	<p>Adopted</p>	<p>Section 103.B Text as published in the State Register:</p> <p>B. The following non-Departmental publications are referenced within this regulation:</p> <p>1. Omnibus Adult Protection Act, S.C. Code Section 43-35-5 et seq.;</p> <p>2. Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005. MMWR 2005; 54 (No. RR-17);</p> <p>Section 901.B.16:</p> <p>16. Medication assistance; Text changed as a result of public comment:</p> <p>B. The following non-Departmental publications are referenced within this regulation:</p> <p>1. Omnibus Adult Protection Act, S.C. Code Section 43-35-5 et seq.;</p> <p>2. Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005. MMWR 2005; 54 (No. RR-17);</p> <p><u>3. Nurse Practice Act. S.C. Code Section 40-35-5 et</u></p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p><u>sec.,</u></p> <p><u>4. S.C. Board of Nursing Position Statement dated January 1996 (revised November 2011), Assisting with Medications.</u></p> <p>Section 901.B.16:</p> <p><u>16. Medication assistance in accordance with the Nurse Practice Act and the S.C. Board of Nursing Position Statement dated January 1996 (revised November 2011), Assisting with Medications.</u></p>
<p>Section 901.C</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #179</p>	<p>“Delete Section - unnecessary wording”</p>	<p>Not Adopted</p> <p>The Department maintains that respect for, and reasonable accommodations for clients’ cultural differences are an important client rights component.</p>	<p>Section 901.C</p> <p>Text as published in the State Register:</p> <p>C. The provision of care to clients shall be guided by the recognition of and respect for cultural differences to assure reasonable accommodations shall be made for clients with regard to differences, such as, but not limited to, religious practice and dietary preferences.</p>
<p>Section 901.D</p> <p>Vicki Moody Leading Age South Carolina</p> <p>Comment #180</p>	<p>“Change word from ‘care’ to ‘service’. This is a non-medical service(s) being provided.”</p>	<p>Not Adopted</p> <p>The statute indicates that in-home care providers provide care to clients.</p> <p>No Change</p>	<p>Section 901.D</p> <p>Text as published in the State Register:</p> <p>D. In the event of closure of a provider for any reason, the provider shall insure continuity of care by promptly notifying the client, or the client’s responsible party or guardian, and arranging for referral to other providers. (II)</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Section 902 Hiram Torres Nurse Bank America (Angel Companions) Comment #181	“Clarification may be needed regarding the transportation obligations of an agency without having a Transportation License from the South Carolina Public Service Commission.”	Clarification The provider is responsible to comply with regulations promulgated by other agencies as they apply to each provider.	Section 902 Text as published in the State Register: 902. Transportation. (I) The provider shall secure or provide transportation for clients as agreed upon in the care plan.
Section 902 Vicki Moody Leading Age South Carolina Comment #182	“Revised wording from ‘care plan’ to ‘service agreement’.”	Not Adopted The Department intends to maintain the differentiation between business documents (service agreement) and client care documents (care plan). No Change	Same text as comment #181.
Section 902 (902.B) Alice Hughes Palmetto Health Home Care Comment #183	“recommend changing ‘shall’ to ‘may’ as not all agencies choose to provide transportation to clients.”	Not Adopted A. Providers must honor commitments made to the client on the care plan. B. The proposed regulation does not require providers to offer transportation if it is the policy of the	Same text as comment #181.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		provider to not offer transportation. No Change	
Section 1000 Gloria Prevost Protection and Advocacy for People with Disabilities, Inc. Comment #184	“The section should include a requirement that the information be provided in appropriate format, such as large print or the client’s native language. The document should also include information about how to contact the county Department of Social Services.”	Partially Adopted Each provider is responsible to comply with all applicable statutes and regulations promulgated by other agencies.	This is proposed new content.
Section 1000.D Alice Hughes Palmetto Health Home Care Comment #185	“How will this be expected to be documented?”	Clarification The signature of the client and/or the responsible party will be on the service agreement and the care plan.	Section 1000.D Text as published in the State Register: D. Clients shall be provided the opportunity to provide input into changes in care;
Section 1000.E Heather Jones SC Home Care & Hospice Association Comment #186	“Section 1000-Rights and Assurances E-Client’s Rights- Please include neglect along with abuse and exploitation.”	Adopted	Section 1000.E Text as published in the State Register: E. Clients shall be free from abuse and exploitation by the provider’s employees; Text changed as a result of public comment: E. Clients shall be free from abuse, <u>neglect</u> and exploitation by the provider’s employees;
Section 1000.E Alice Hughes Palmetto Health Home	“I note that the word ‘neglect’ is missing – should it be included?”	Adopted	Same text as comment #186.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Care Comment #187			
Section 1100 Heather Jones SC Home Care & Hospice Association Comment #188	“Section 1100-Disaster Preparedness The disaster preparedness section is more extensive than is required of home health agencies. We recommend that the language align with the home health regulation where agencies must have a plan in place to address the needs of their clients.”	Not Adopted A. The Home Health regulation Will be updated with current language upon its revision. B. Based on the Department’s judgment and experience, the added details will assist providers to ensure adequate care for clients in a disaster. No Change	Section 1000.E Text as published in the State Register: <u>1100. DISASTER PREPAREDNESS.</u> 1101. Disaster Preparedness (II) A. The provider shall develop a disaster plan. B. The disaster plan shall identify the services and/or care obligations of the provider to be provided to the client during an emergency due to a disaster. C. The disaster plan will outline the process for notifying clients, responsible parties or family members in the event provider staff cannot provide care to the client, due to disaster. The provider must notify county emergency preparedness service of the number and locations of clients in the event a provider can no longer provide care due to disaster. A provider’s caregiver shall not abandon a client in the event they are providing care and/or services at the time of the disaster until properly relieved or it is safe to do so. D. The disaster plan shall be explained in detail to the client or the client’s responsible party or guardian. Documentation attesting to the explanation of the disaster plan shall be signed by the provider and the client or the client’s responsible party or guardian. 1102. Emergency Call Numbers

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			Emergency call data shall be readily available to the caregiver and shall include the names, addresses, and telephone numbers of staff members to be notified in case of emergency.
Section 1100 Valerie Aiken CarePro Health Services Comment #189	“The disaster preparedness section is more extensive than is required of home health agencies. We recommend that the language align with the home health regulation where agencies must have a plan in place to address the needs of their clients.”	Not Adopted Same response as #188. No Change	Same text as comment #188.
Section 1101 Philip Atkinson, President, Enabling Technologies Associates, Inc. Comment #190	“Any disaster plan must be specific in identifying the consequences of power failures. They should be considered from the perspective of ‘long term’ vs. ‘short term’ (to be quantified relative to the dependence. And dependence should be based upon a life threatening effect (such as oxygen supply or breathing) vs. a loss of convenience (such as a power stair lift). Any power back-up systems should be identified and periodically tested.”	Not Adopted These recommendations apply to entities the Department does not license. No Change	Same text as comment #188.
Section 1101 Vicki Moody Leading Age South	“delete this section – should adhere to the Provider’s policies and Procedures.”	Not Adopted This section is designed as a set of	Same text as comment #188.

SECTION/ COMMENTER	PUBLIC COMMENT	STAFF RESPONSE	TEXT
Carolina Comment #191		minimum requirements. No Change	
Section 1101.C Harry Fendrich Home Instead Senior Care, Charleston, SC On behalf of the 9 local owners of Home Instead Senior Care franchises in SC Comment #192	“Sixth, Section 1101.C: We suggest that language be added in the last sentence that in the event of a potential major natural disaster (for example, a hurricane), where preparation for evacuation if being recommended by government authority, that a caregiver is not abandoning a client as long as the in-home care provider has notified the family (or responsible party) of the potential major natural disaster, and the family has a disaster plan. The caregiver may have to take care of her own family, many miles and hours away, and not be able to stay with the client, and may not even been able to reach the residence of the client in the first place.”	Not Adopted This section is designed as a set of minimum requirements. No Change	Section 1101.C Text as published in the State Register: C. The disaster plan will outline the process for notifying clients, responsible parties or family members in the event provider staff cannot provide care to the client, due to disaster. The provider must notify county emergency preparedness service of the number and locations of clients in the event a provider can no longer provide care due to disaster. A provider’s caregiver shall not abandon a client in the event they are providing care and/or services at the time of the disaster until properly relieved or it is safe to do so. Text changed as a result of public comment: C. The disaster plan will outline the process for notifying clients, responsible parties or family members in the event provider staff cannot provide care to the client, due to disaster. The provider must notify county emergency preparedness service of the number and locations of clients in the event a provider can no longer provide care due to disaster. A provider’s caregiver shall not abandon a client in the event they are providing care and/or services at the time of the disaster until properly relieved or it is safe to do so <u>or after the appropriate notifications have been made.</u>
Section 1101.C	“Under 1101 (C) we would like	Clarification	Same text as comment #192.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
<p>James Wogsland ComForcare Home Care</p> <p>Comment #193</p>	<p>clarification how the verbiage of the last sentence will be enforced in situations like hurricanes.”</p>	<p>A. Each situation will be evaluated on a case-by-case basis. B. Disaster plans will be evaluated for adequacy during the initial licensing process and periodically, as necessary.</p>	
<p>Section 1101.C</p> <p>Alice Hughes Palmetto Health Home Care</p> <p>Comment #194</p>	<p>“Recommend that this section be worded to clarify a provider’s duties in the event of disaster. Prioritizing High needs clients and reporting those to emergency disaster preparedness service would seem to be a better use of resources rather than sending an entire client list. Requiring that a caregiver stay beyond the contracted for time in the client’s home.”</p>	<p>Adopted</p>	<p>Section 1101.C Text as published in the State Register:</p> <p>C. The disaster plan will outline the process for notifying clients, responsible parties or family members in the event provider staff cannot provide care to the client, due to disaster. The provider must notify county emergency preparedness service of the number and locations of clients in the event a provider can no longer provide care due to disaster. A provider’s caregiver shall not abandon a client in the event they are providing care and/or services at the time of the disaster until properly relieved or it is safe to do so.</p> <p>Text changed as a result of public comment:</p> <p>C. The disaster plan will outline the process for notifying clients, responsible parties or family members in the event provider staff cannot provide care to the client, due to disaster. The provider must notify county emergency preparedness service of the</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			number and locations of clients <u>that will require assistance from disaster preparedness or emergency services personnel</u> in the event a provider can no longer provide care due to disaster. A provider's caregiver shall not abandon a client in the event they are providing care and/or services at the time of the disaster until properly relieved or it is safe to do so.
General Concern SC Assn. of Personal Care Providers Comment #195	<p>"Throughout the regulations, there is a reference to a service, a term which is not defined. Does service reference the provider or the care? It seems to be used interchangeably throughout the document. Clarification is needed to ensure the term is appropriately used within the context of these regulations."</p>	Adopted A. The terms "care" and "service" were adjusted prior to this version of the proposed regulation. B. The term "care" has been replaced throughout the document with the term "care service". This was done to encompass the portions of the industry that consider the tasks caregivers perform as either care or services.	The affected sections are listed in Addendum A to the Comment Response Document.
General Comment David Hill Plan Home Health	<p>"If a provider follows the contract written by The Dept. of HHS, they will be on solid footing to see patients in most all areas of life."</p>	Not Adopted A. Each situation will need to be	No associated text.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
<p>Care, Inc.</p> <p>Comment #196</p>		<p>evaluated on a case-by-case basis.</p> <p>B. DHHS requirements for reimbursement, while not conflicting with the proposed regulation, are not interchangeable with the proposed regulation. Each provider will be required to be fully compliant with the regulation.</p> <p>No Change</p>	
<p>General Comment</p> <p>Harry Fendrich Home Instead Senior Care, Charleston, SC On behalf of the 9 local owners of Home Instead Senior Care franchises in SC</p> <p>Comment #197</p>	<p>“First, the regulations do not cover private care-giving services by individuals hired directly by the client or family, and we recommend that our legislature focus on this gap as it goes forward in the review of the proposed regulations. It is our experience that seniors, often frail and vulnerable, are at genuine risk of abuse by individuals that do not have appropriate background, training, competent oversight and insurance, and are not subject to criminal background investigation. Hopefully, future legislation will address this gap.”</p>	<p>Clarification</p> <p>A. The Department may only apply the regulation as directed by the statute.</p> <p>B. Laws may be changed by petitioning your representatives to the legislature.</p>	<p>Section 102.L Text as published in the State Register:</p> <p>L. In-Home Care Provider (provider). A business entity, corporation, or association, whether operated for profit or not for profit, that for compensation directly provides or makes provision for in-home care services through its own employees or agents or through contractual arrangements with independent contractors or through referral of other persons to render in-home care services when the individual making the referral has a financial interest in the delivery of those services by those other persons who would deliver those services. An in-home care provider does not include:</p> <p>1. A home health agency or hospice or an entity</p>

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
			<p>licensed pursuant to Section 44-7-260; or</p> <p>2. An individual or agency who provides only a house cleaning service; or</p> <p>3. A direct care entity defined by S.C. Code Section 44-7-2910 (B)(1)(e), a direct caregiver or caregiver defined by S.C. Code Section 44-7-2910 (B)(2)(e), or an individual who provides a service or services defined by S.C. Code Section 44-21-60; or</p> <p>4. An individual hired directly by the person receiving care or hired by his family; or</p> <p>5. A church or another religious institution recognized pursuant to 26 U.S.C. 501(c)(3) by the U.S. Internal Revenue Service that provides in-home care services without compensation or for a nominal fee collected to cover incidental expenses directly related to such care.</p>
General Comment Beth Rubio PSA Healthcare Comment #198	“As I read this regulation, my understanding is that this WILL NOT apply to agencies providing skilled (RN/LPN) private duty services. Can you please clarify?	Clarification In-home care is non-medical care that does not include skilled care. Businesses that provide skilled care and non-skilled care may be covered under the Home Health regulation.	Same text as #197.
General Comment	“We suggest that comments be posted to the website as they are received, and that	Clarification	No associated text.

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
<p>Gloria Prevost Protection and Advocacy for People with Disabilities, Inc.</p> <p>Comment #199</p>	<p>the changes submitted to the DHEC Commission be posted at least ten days before the Commission hearing. “</p>	<p>The procedures prescribed by the Administrative Procedures Act and Department rules will be closely followed. Information will be disseminated as soon as allowed.</p>	
<p>General Comment</p> <p>Tracy Fountain SC Vocational Rehabilitation Department</p> <p>Comment #200</p>	<p>“Will the South Carolina State require provider or caregiver license numbers in order to received tax credits or acknowledgement of some sort. This would serve as another way to track independent caregivers much like they used income tax forms to keep track of child care providers and babysitters.”</p>	<p>Clarification</p> <p>A. The department has no control over the agency that determines and provides tax credits. B. The Department does not intend to track independent care givers that are not subject to regulation.</p>	<p>No associated text.</p>
<p>General Comment</p> <p>Pepi Nelson ResCare Home Care</p> <p>Comment #201</p>	<p>“Evaluate the entire document to ensure skilled nursing is not precluded or restricted.”</p>	<p>Clarification</p> <p>The proposed regulation is designed for entities that provide non- skilled care as defined in the statute. Providers are responsible to ensure they are not in</p>	

SECTION/ COMMENTS	PUBLIC COMMENT	STAFF RESPONSE	TEXT
		violation of the Home Health law.	
General Comment David Teeple Caregivers of South Carolina Comment #202	“Mr Teeple sent in a six page document (attached) outlining that, even though the definition of an in-home care provider includes his type of business, many provisions of the draft regulation cannot be accomplished by operators of non-medical referral service businesses. (See attached document)”	Clarification A. The proposed regulation is not designed to prohibit referral agencies. B. The referral agencies would require licensure in South Carolina.	Mr. Teeple’s document is included as Adendum B to the Comment Response Document.